



# Kentucky Health Information Exchange (KHIE)

## **Direct Data Entry for Electronic Case Reports: Multi-Drug Resistant Organism (MDRO)**

### User Guide

October 2021

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## Document Control Information

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# 1 Introduction

## Overview

This training manual covers KHIE’s Direct Data Entry for Multi-Drug Resistant Organism Conditions Electronic Case Reports functionality in the ePartnerViewer. Users with the *Manual Case Reporter* role can submit electronic case reports from the ePartnerViewer by completing an online case report. The process generates a manual electronic initial case report (eICR) which is routed to the Department for Public Health (DPH).

All examples and screenshots used in this guide are simulated with mock data; no Protected Health Information (PHI) is present.

**Please Note:** All screenshots shown throughout this document reflect how Users would interact with the ePartnerViewer while using a desktop or tablet device. While core functionality remains the same across multiple devices, interface components may vary in presentation.

## Supported Web Browsers

Users must access the ePartnerViewer with a supported web browser. The ePartnerViewer is configured to support the following modern browsers on desktop, tablet, and mobile devices:

Desktop Browser Version	Mobile Browser Version
<b>Microsoft Internet Explorer</b>	
Not supported	Not supported
<b>Microsoft Edge</b>	
Version 44+	Version 40+
<b>Google Chrome</b>	
Version 70+	Version 70+
<b>Mozilla Firefox</b>	
Version 48+	Version 48+
<b>Apple Safari</b>	
Version 9+	iOS 11+

**Please Note:** The ePartnerViewer does **not** support Microsoft Internet Explorer. To access the ePartnerViewer, Users must use a modern browser such as Google Chrome, Microsoft Edge, Apple Safari, or Mozilla Firefox.

**Mobile Device Considerations**

The ePartnerViewer is based on responsive design. This means it renders in the best format based on the user’s device size. Responsive design applies to mobile, tablet, and desktop devices. Tablet devices in landscape display mode are considered desktop.

**Accessing the ePartnerViewer**

To access the ePartnerViewer, users must meet the following specifications:

1. Users must be part of an organization with a signed Participation Agreement with KHIE.
2. Users are required to have a Kentucky Online Gateway (KOG) account.
3. Users are required to complete Multi-Factor Authentication (MFA).

**Please Note:** For specific information about creating a KOG account and how to complete MFA, please review the *Kentucky Online Gateway (KOG) and Multi-Factor Authentication (MFA) Quick Reference Guide*.

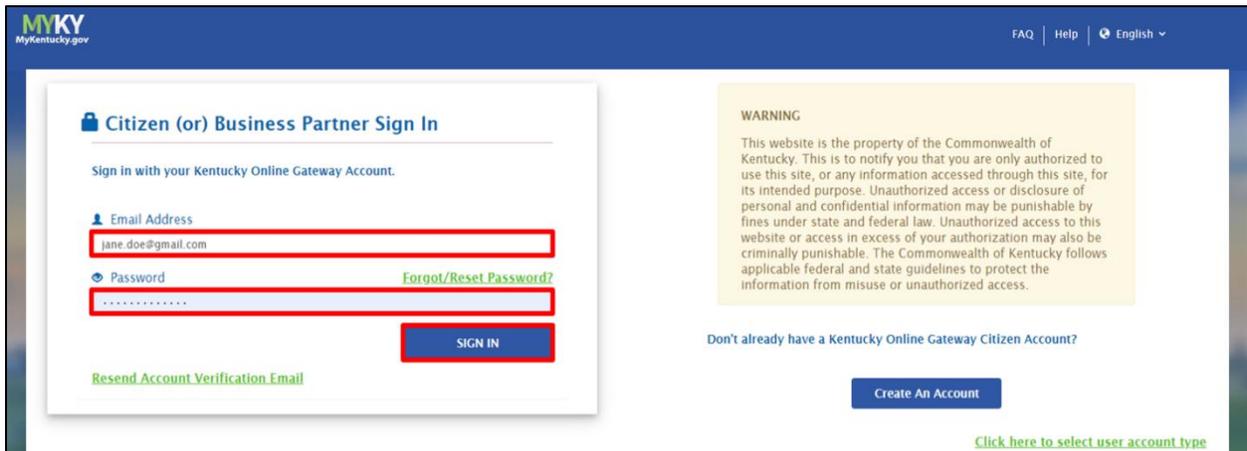
**2 Logging into ePartnerViewer**

Users with the *Manual Case Reporter* Role are authorized to access the Multi-Drug Resistant Organism (MDRO) Case Report in the ePartnerViewer. You must log into your Kentucky Online Gateway (KOG) account to access the ePartnerViewer.

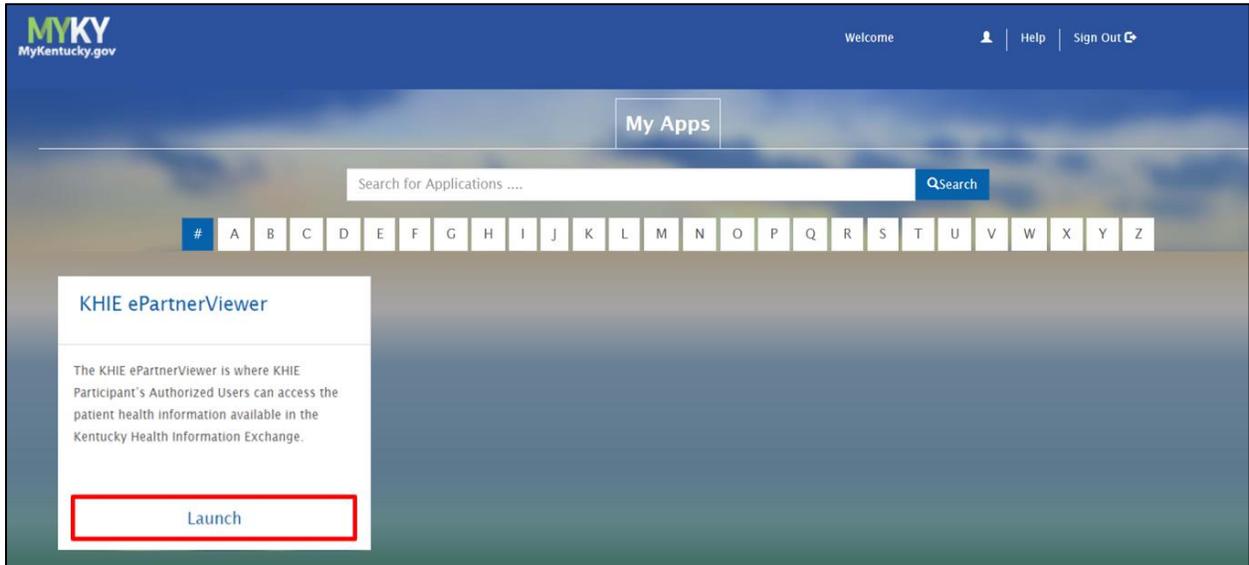
1. On the **KOG Login Page**, enter your **Email Address** and **Password**.

**Please Note:** You must enter the email address and password provided when creating your KOG account.

2. Click **Sign In**.



- 3. To navigate to the ePartnerViewer, click **Launch** on the KHIE ePartnerViewer application tile located on the **KOG Dashboard** screen.



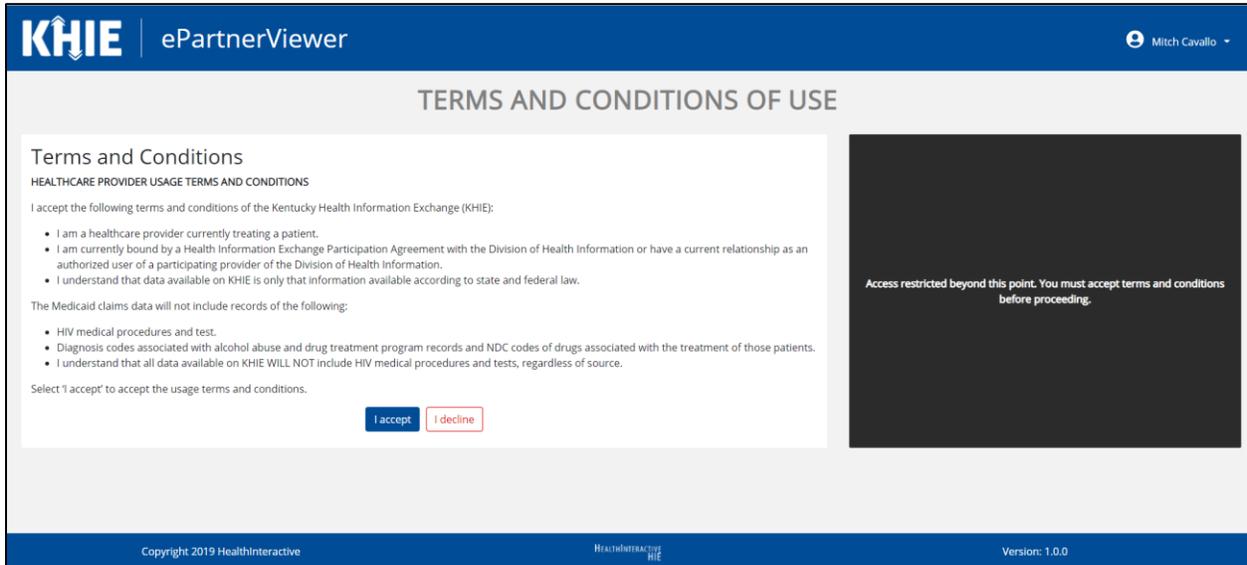
- 4. **Multi-Factor Authentication.** After logging in, you are asked to complete Multi-Factor Authentication or MFA. You have the option to receive an MFA passcode by Email or Text.



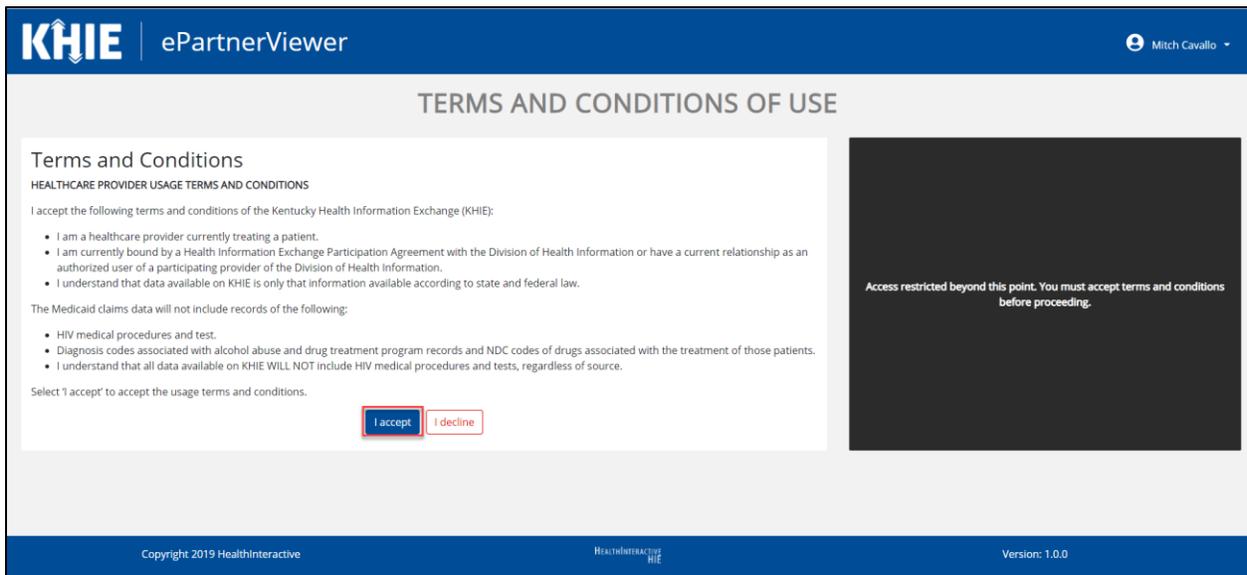
**Please Note:** For specific information about creating a KOG account and how to complete MFA, please review the *Kentucky Online Gateway (KOG) and Multi-Factor Authentication (MFA) Quick Reference Guide*.

**Terms and Conditions of Use and Logging In**

After logging into the Kentucky Online Gateway, launching the ePartnerViewer application, and completing Multi-Factor Authentication, the **Terms and Conditions of Use** page displays. Privacy and security obligations are outlined for review.



5. You must click **I Accept** every time before accessing a patient record in the ePartnerViewer.



**Please Note:** The right side of the Portal is grayed out and displays a message that states: *Access is restricted beyond this point. You must accept the terms and conditions before proceeding.*

- 6. Once you click **I Accept**, the grayed-out section becomes visible. A message appears that indicates you are associated with an *Organization*. (This is the name of your organization.)
- 7. Click **Proceed to Portal** to continue.

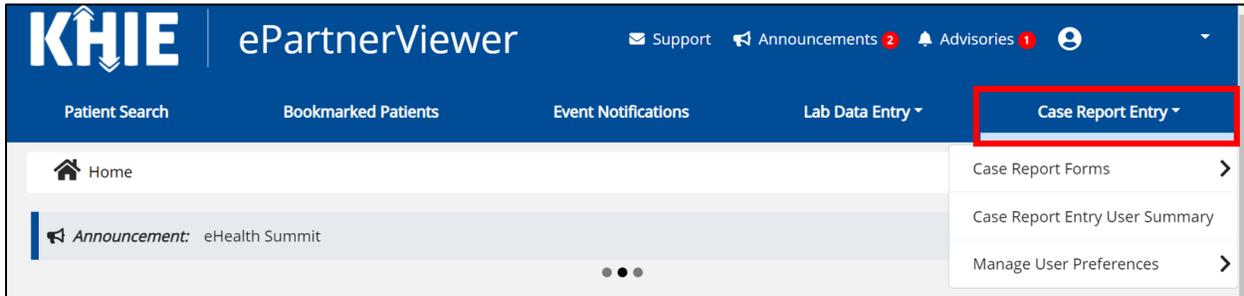
The screenshot shows the 'ePartnerViewer' interface. At the top, there is a blue header with the KHIE logo and the text 'ePartnerViewer'. On the right side of the header, the user's name 'Mitch Cavallo' is displayed. The main content area is titled 'TERMS AND CONDITIONS OF USE'. Below this title, there are two columns. The left column contains the 'Terms and Conditions' text, including a list of terms and a 'Proceed to Portal' button highlighted with a red box. The right column contains a message: 'You are part of the below mentioned organization. Please click on proceed to continue.' Below this message, the organization name 'KHIE Smoke Test Organization' is listed, and there are two buttons: 'Proceed to Portal' (highlighted with a red box) and 'Cancel'. At the bottom of the page, there is a footer with 'Copyright 2019 HealthInteractive', the KHIE logo, and 'Version: 1.0.0'.

**Please Note:** If you click **Cancel**, a pop-up notification displays that indicates that you are *about to be logged out*. Use of the ePartnerViewer portal is subject to the acceptance of KHIE's Terms of Use. To proceed to the ePartnerViewer, click either **Logout Now** or **Cancel**.

### 3 Understanding the Case Report Entry Dropdown Menu

The **Case Report Entry** tab dropdown menu includes the following options:

- **Case Report Forms** which lists the different types of case reports.
- **Case Report Entry User Summary** which displays all submitted and 'In Progress' case reports.
- **Manage User Preferences** which offers an efficient way to enter repetitive data.



#### 1. Types of Case Reports:

- **COVID-19 Case Report:**
  - Designed for Users to enter COVID-19 case reports.

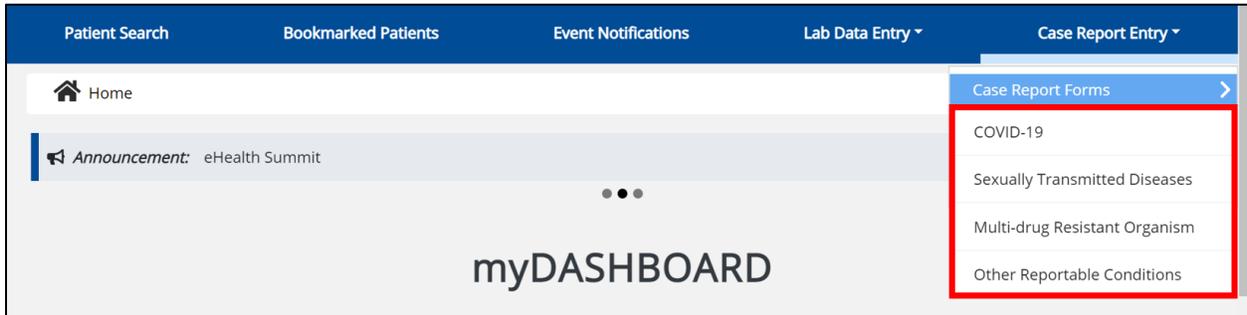
**Please Note:** For specific information about COVID-19 case reporting, please review the *Direct Data Entry for Electronic Case Reports: COVID-19 User Guide*.

- **Sexually Transmitted Disease (STD) Case Report:**
  - Designed for Users to enter STD case reports.

**Please Note:** For specific information about STD case reporting, please review the *Direct Data Entry for Electronic Case Reports: Sexually Transmitted Diseases (STD) User Guide*.

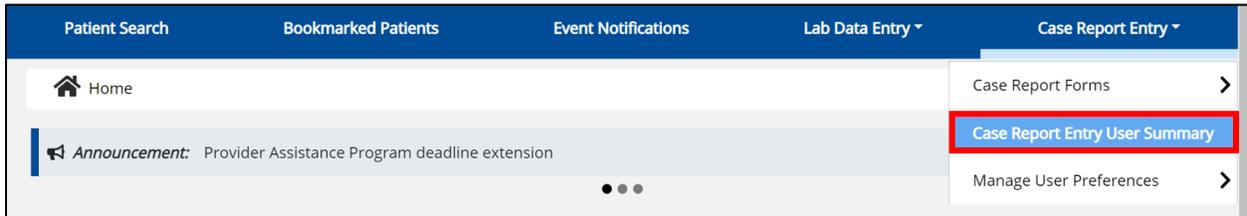
- **Multi-drug Resistant Organism (MDRO) Case Report:**
  - Designed for Users to enter MDRO case reports.
- **Other Reportable Conditions Case Report:**
  - Designed for Users to enter Other Reportable Conditions case reports.

**Please Note:** For specific information about Other Reportable Conditions case reporting, please review the *Direct Data Entry for Electronic Case Reports: Other Reportable Conditions User Guide*.



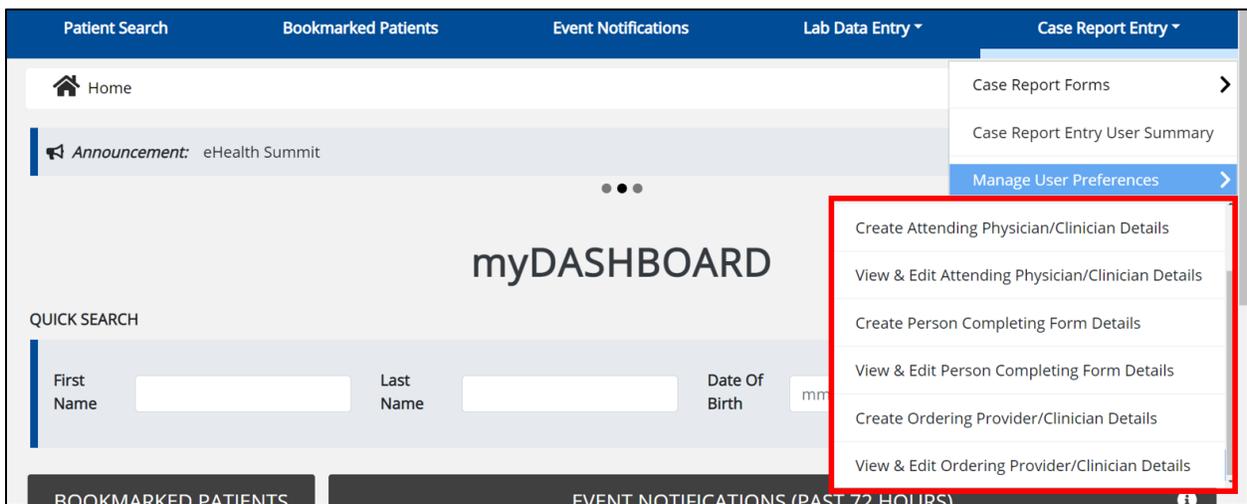
2. **Case Report Entry User Summary:**

- Designed to provide a quick and easy way for Users to search and view all previously initiated case reports (submitted and in-progress) entered during a specific date range within the last six months from the current date.
- Allows Users to view a summary of completed case reports that were previously submitted.
- Allows Users to continue entering details for case reports that are still "In-Progress".



3. **Manage User Preferences:**

- Designed as an efficient method for Users to enter repetitive data.
- Allows Users to enter required case reporting details in their User Preferences which enables Users to quickly select the appropriate answers from the dropdown menu options.

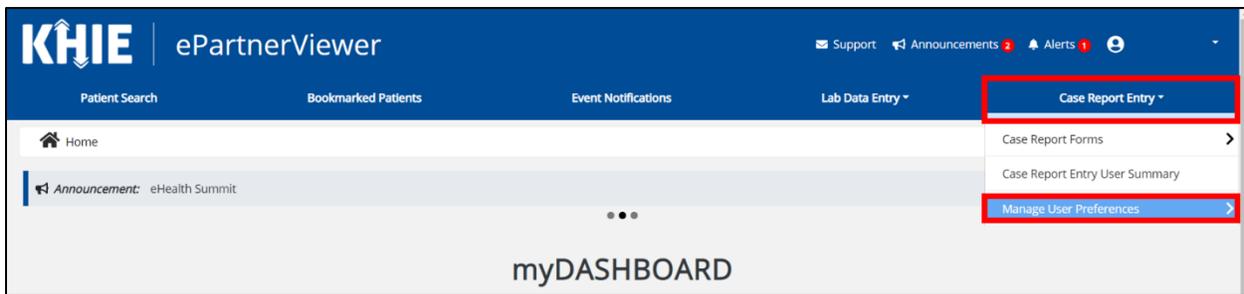


## 4 Manage User Preferences

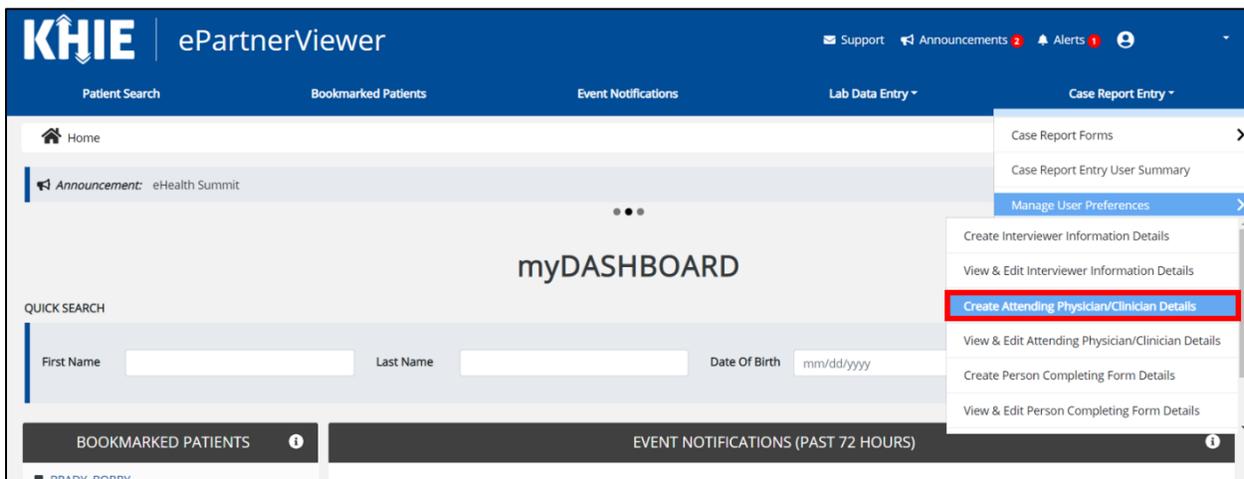
These are your User Preferences. Prior to entering your Multi-Drug Resistant Organism (MDRO) case report information, you are required to enter information about the Attending Physician/Clinician, Person Completing Form, and the Ordering Provider/Clinician on the **Manage User Preferences** screen. By entering these details in your user preferences, you will be able to quickly select an Attending Physician/Clinician, Person Completing Form, and the Ordering Provider/Clinician from the dropdown menu options. These dropdowns are located on the **Patient Information** screen and the **Laboratory Information** screen of the MDRO Case Report.

### Create Attending Physician/Clinician Details

1. Click the **Case Report Entry** Tab located in the blue Navigation Bar at the top of the screen.
2. From the dropdown menu, select **Manage User Preferences**.



3. To enter information about an Attending Physician/Clinician, select **Create Attending Physician/Clinician Details** from the dropdown menu.



- 4. The **Attending Physician/Clinician** screen displays. Enter the details. Mandatory fields are marked with asterisks (\*).
- 5. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

- 6. Enter the Attending Physician/Clinician’s **First Name** and **Last Name**.

- 7. Enter the Attending Physician/Clinician’s **Address, City, State,** and **Zip Code**.

8. Enter the Attending Physician/Clinician’s **Phone Number** and **Email Address**.

<p>Phone*</p> <input type="text" value="(XXX) XXX-XXXX"/>	<p>Email*</p> <input type="text" value="name@domain.com"/>
---	--

**Please Note:** If the information entered in the *Phone* and *Email* fields is not entered in the appropriate format, an error message displays that prevents you from proceeding to the next page until the format error is fixed.

9. After completing the mandatory fields, click **Save**.

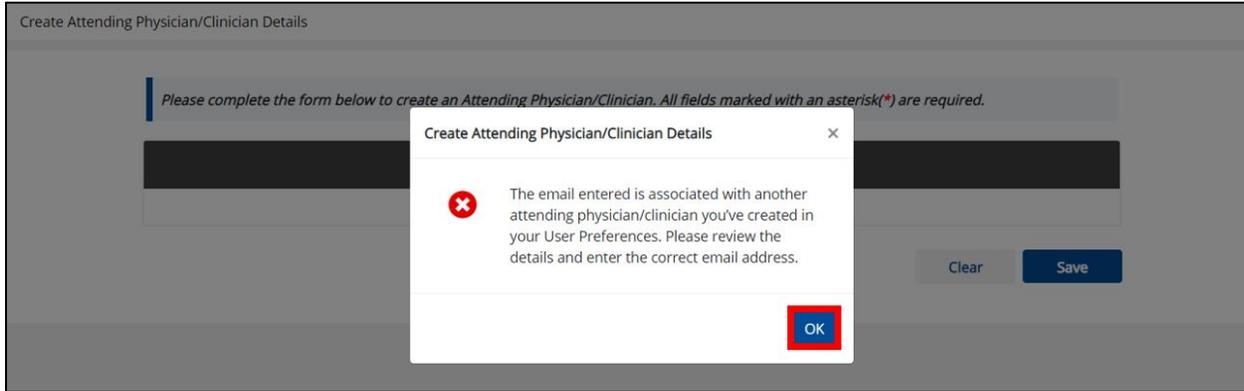
ATTENDING PHYSICIAN/CLINICIAN

<p>Prefix</p> <input type="text" value="Dr."/>		
<p>First Name*</p> <input type="text" value="Frank"/>	<p>Last Name*</p> <input type="text" value="Costanza"/>	
<p>Suffix</p> <input type="text" value="Sr"/>		
<p>Address 1*</p> <input type="text" value="1 First Street"/>	<p>Address 2</p> <input type="text" value="1A"/>	
<p>City*</p> <input type="text" value="Lexington"/>	<p>State*</p> <input type="text" value="KY"/>	<p>Zip Code*</p> <input type="text" value="40123"/>
<p>Phone*</p> <input type="text" value="(111) 111-1111"/>	<p>Email*</p> <input type="text" value="frank@email.com"/>	

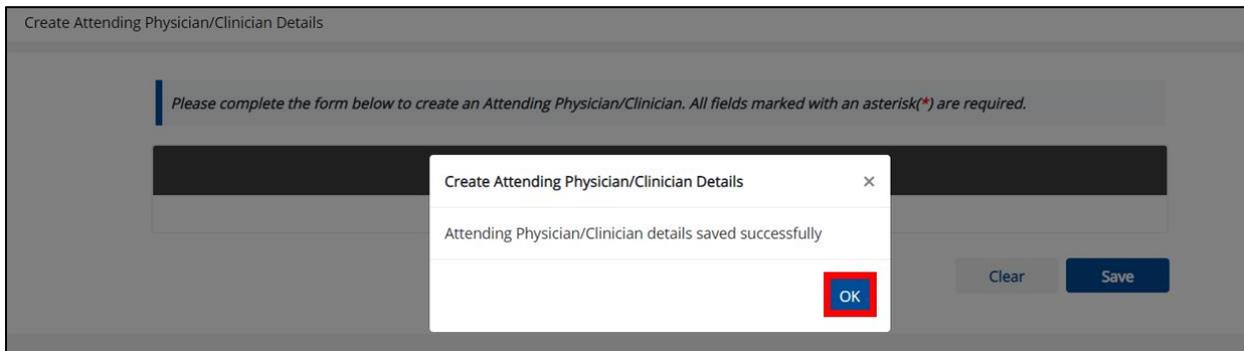
**Please Note:** If you enter an email address that is already associated with another Attending Physician/Clinician and click **Save**, a pop-up displays with an error message that states:

*The email entered is associated with another physician/clinician you’ve created in your User Preferences. Please review the details and enter the correct email address.*

You must click **OK** and enter the correct email address to save the Attending Physician/Clinician details and proceed to the **View & Edit Attending Physician/Clinician Details** screen.

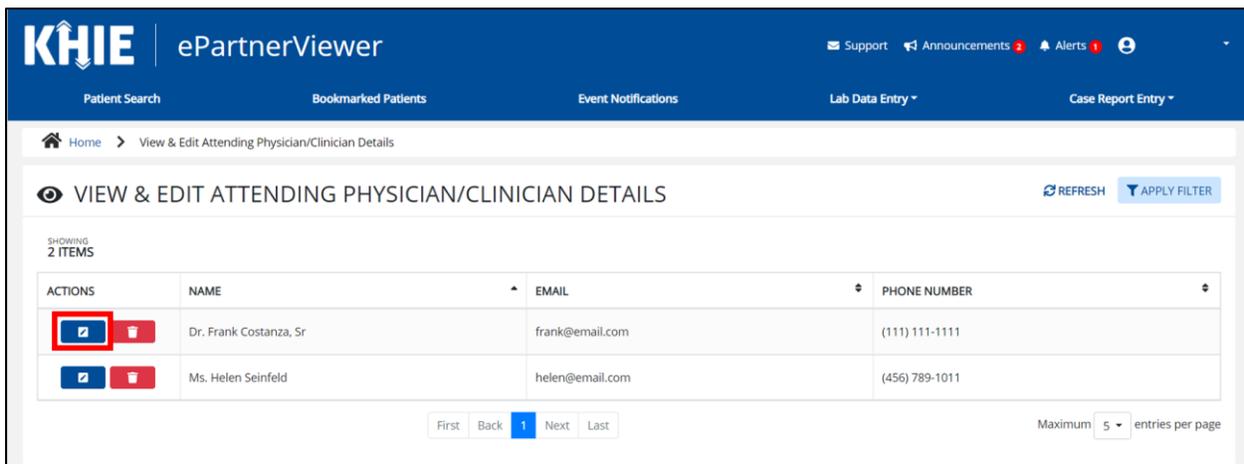


10. The *Create Attending Physician/Clinician Details* pop-up displays. Click **OK** to proceed to the **View & Edit Attending Physician/Clinician Details** screen.

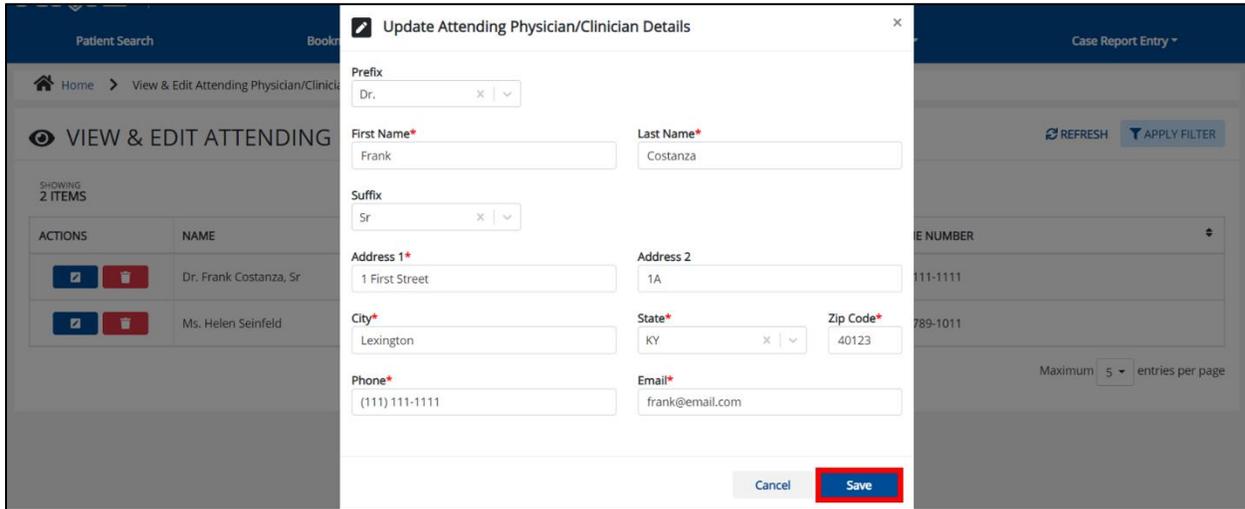


### View & Edit Attending Physician/Clinician Details

11. The **View & Edit Attending Physician/Clinician Details** screen displays. To edit details, click the **Edit** icon located next to the appropriate physician/clinician.



12. The *Update Attending Physician/Clinician Details* pop-up displays. You can make any necessary edits and click **Save** to save the updates and close out of the pop-up.

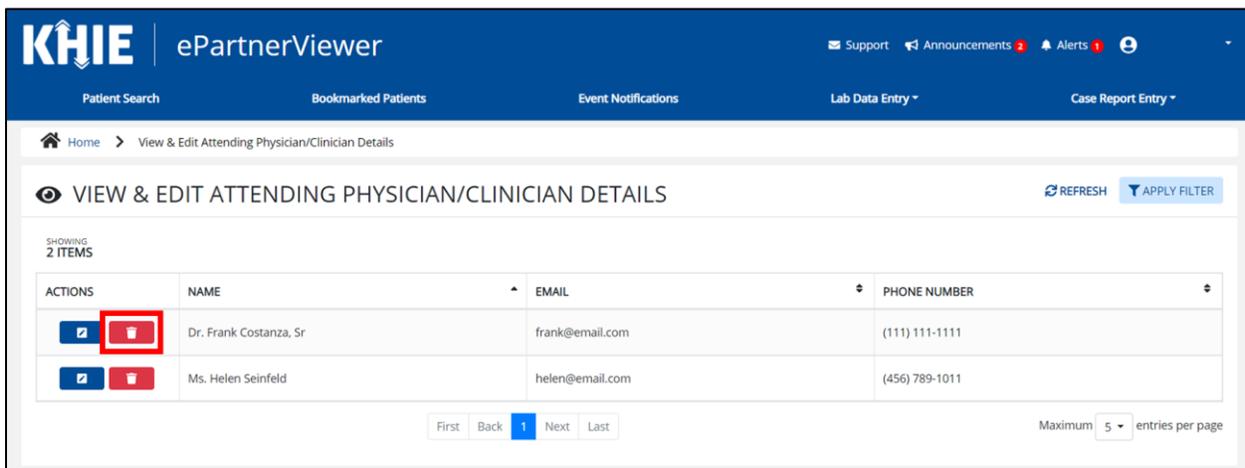


13. Once the update is successfully saved, a pop-up message displays. To proceed, click **OK**.

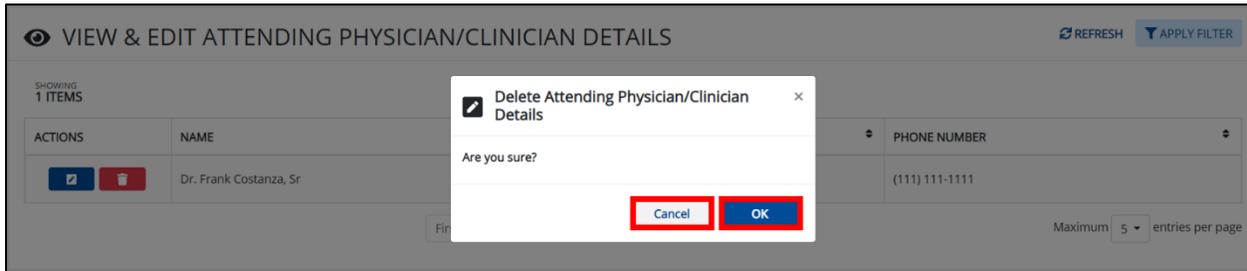


### Delete Attending Physician/Clinician Details

14. To delete an Attending Physician/Clinician from the User Preferences, click the **Trash Bin Icon** located next to the appropriate Physician/Clinician.



15. The *Delete Physician/Clinician Information Details* pop-up displays. To delete the Physician/Clinician, click **OK**. Click **Cancel** if you do not want to delete the Physician/Clinician.



**Please Note:** You can delete an Attending Physician/Clinician on the **View & Edit Attending Physician/Clinician** screen as long as the Attending Physician/Clinician has not been selected for use in another case report that is still in progress.

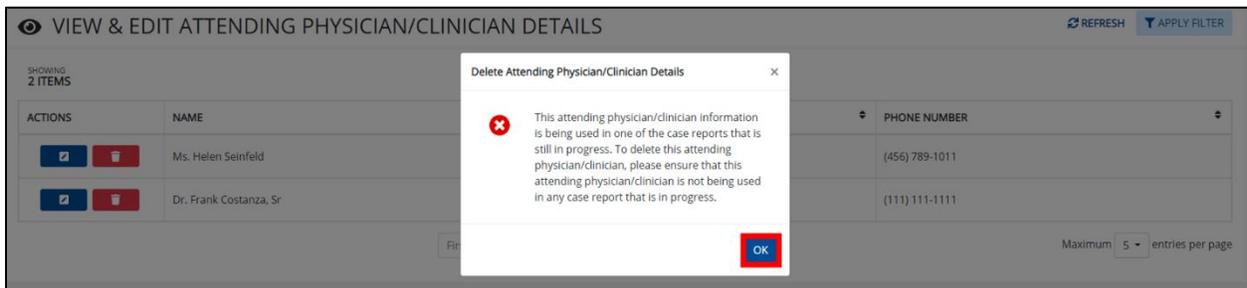
If you attempt to delete an attending physician/clinician who has been selected for use in a case report that has not been completed yet, a pop-up notification will display the following message:

*This attending physician/clinician information is being used in a case report that is still in progress. To delete this attending physician/clinician, please ensure that this attending physician/clinician is not being used in a case report that is in progress.*

To close out of the pop-up and proceed, click **OK**.

To delete the Attending Physician/Clinician used in a case report that is still “In-Progress”, you must first complete the case report.

Once the appropriate case report is complete, you can delete the Attending Physician/Clinician from your User Preferences.



### Filter Attending Physician/Clinician Details

16. To search for a specific Attending Physician/Clinician, click **Apply Filter**.

VIEW & EDIT ATTENDING PHYSICIAN/CLINICIAN DETAILS

SHOWING 2 ITEMS

ACTIONS	NAME	EMAIL	PHONE NUMBER
	Dr. Frank Costanza, Sr	frank@email.com	(111) 111-1111
	Ms. Helen Seinfeld	helen@email.com	(456) 789-1011

Maximum 5 entries per page

17. The Filter fields display. You can search by entering the **Attending Physician/Clinician's Name, Email Address, and/or Phone Number** in the corresponding Filter fields.

VIEW & EDIT ATTENDING PHYSICIAN/CLINICIAN DETAILS

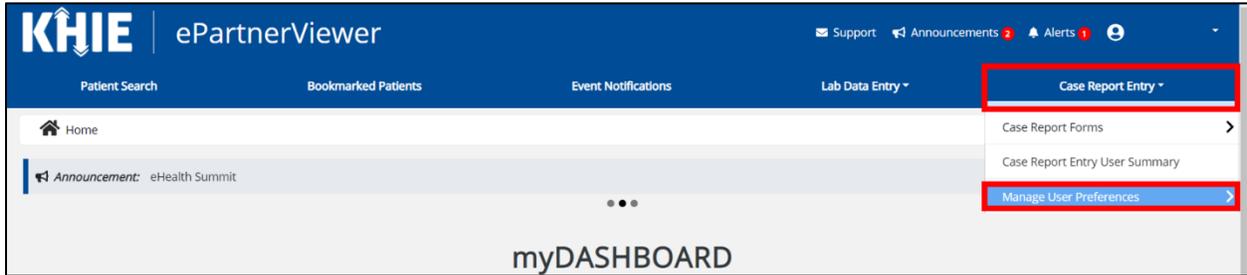
SHOWING 2 ITEMS

ACTIONS	NAME	EMAIL	PHONE NUMBER
	Enter NAME...	Enter EMAIL...	Enter PHONE NUMBER...
	Dr. Frank Costanza, Sr	frank@email.com	(111) 111-1111
	Ms. Helen Seinfeld	helen@email.com	(456) 789-1011

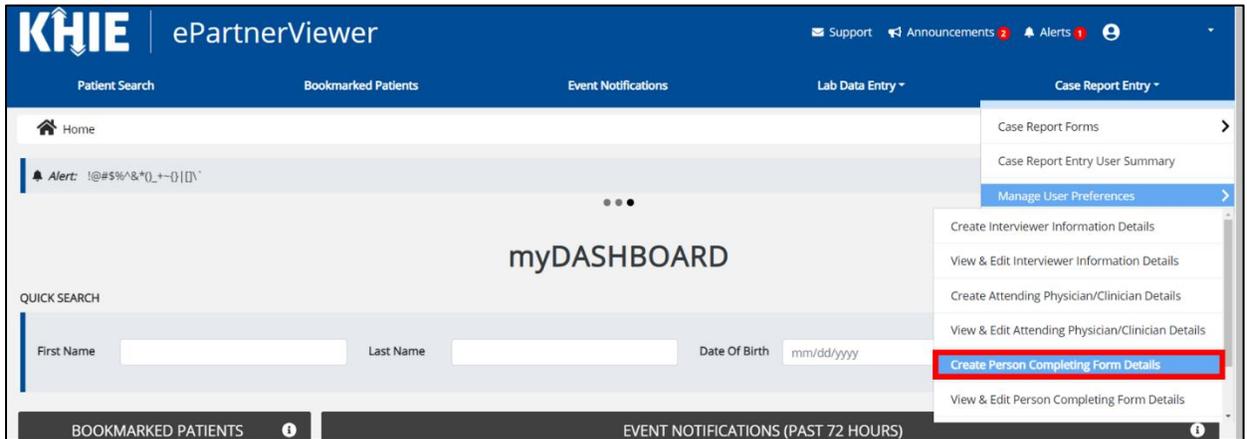
Maximum 5 entries per page

### Create Person Completing Form Details

1. Click the **Case Report Entry** Tab located in the blue Navigation Bar at the top of the screen.
2. From the **Case Report Entry** Tab dropdown menu, select **Manage User Preferences**.



3. To enter the details about the person completing the form, select **Create Person Completing Form Details** from the dropdown menu.



4. The **Person Completing Form** screen displays. Enter the details. Mandatory fields are marked with asterisks (\*).
5. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

Please complete the form below to create a Person Completing Form. All fields marked with an asterisk(\*) are required.

**PERSON COMPLETING FORM**

Prefix  
Mr.

First Name\*  Last Name\*

Suffix  
  
II  
III  
IV  
Jr  
Sr

Address 2

State\*  Zip Code\*

Email\*

(XXX) XXX-XXXX

6. Enter the **First Name and Last Name** of the Person completing the form.

First Name*	Last Name*
<input type="text"/>	<input type="text"/>

7. Enter the **Address, City, State,** and **Zip Code.**

Address 1*	Address 2 Unit, Suite, Building, etc.	
<input type="text"/>	<input type="text"/>	
City*	State* Select...   v	Zip Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Enter the **Phone Number** and **Email Address.**

Phone* (XXX) XXX-XXXX	Email* name@domain.com
<input type="text"/>	<input type="text"/>

**Please Note:** If the information entered in the *Phone* and *Email* fields is not entered in the appropriate format, an error message displays that prevents you from proceeding to the next page until the format error is fixed.

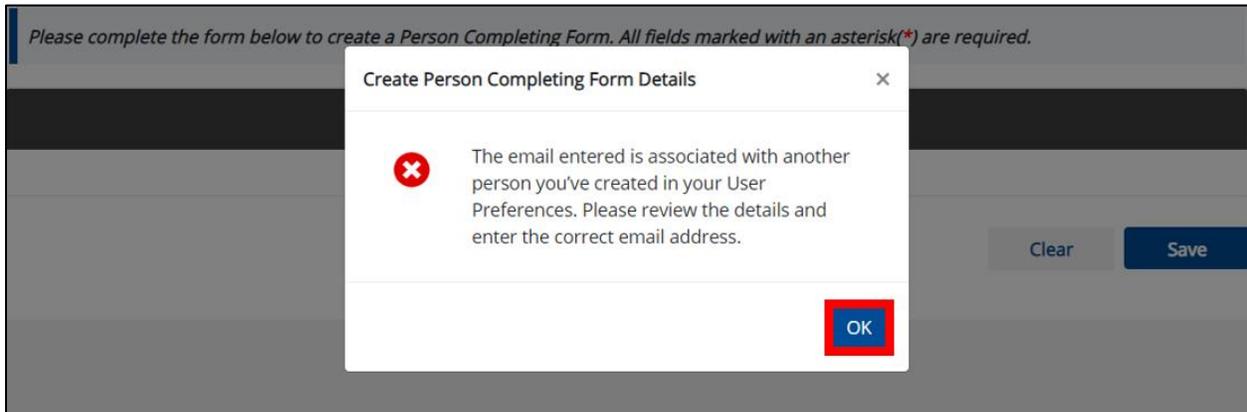
9. After completing the mandatory fields, click **Save.**

**PERSON COMPLETING FORM**

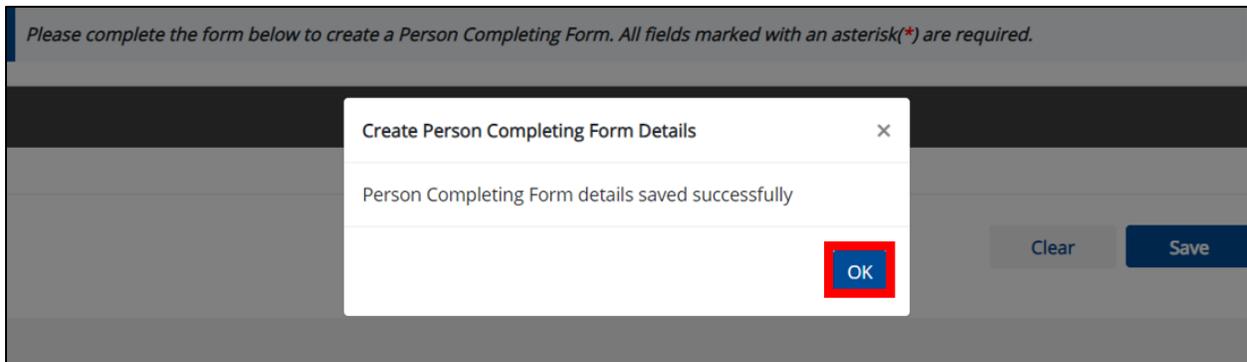
Prefix Mr. x   v		
First Name* Arthur	Last Name* Vandelay	
Suffix II x   v		
Address 1* 22 Second Avenue	Address 2 Unit, Suite, Building, etc.	
City* Lexington	State* KY x   v	Zip Code* 40222-
Phone* (222) 222-2222	Email* arthur@email.com	

**Please Note:** If you enter an email address that is already associated with another Person Completing Form and click **Save**, a pop-up displays with an error message that states: *The email entered is associated with another person you've created in your User Preferences. Please review the details and enter the correct email address.*

You must click **OK** and enter the correct email address to save the Person Completing Form details and proceed to the **View & Edit Person Completing Form Details** screen.

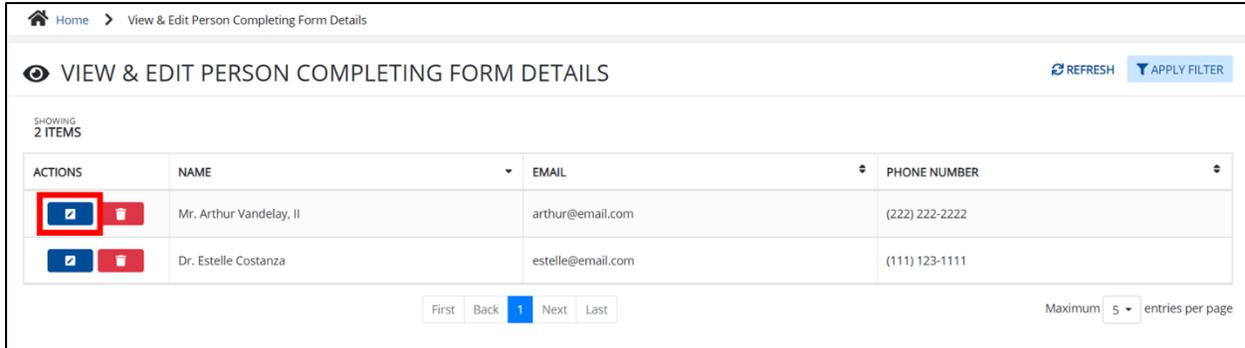


10. The *Create Person Completing Form Details* pop-up window displays. Click **OK** to proceed to the **View & Edit Person Completing Form Details** screen.

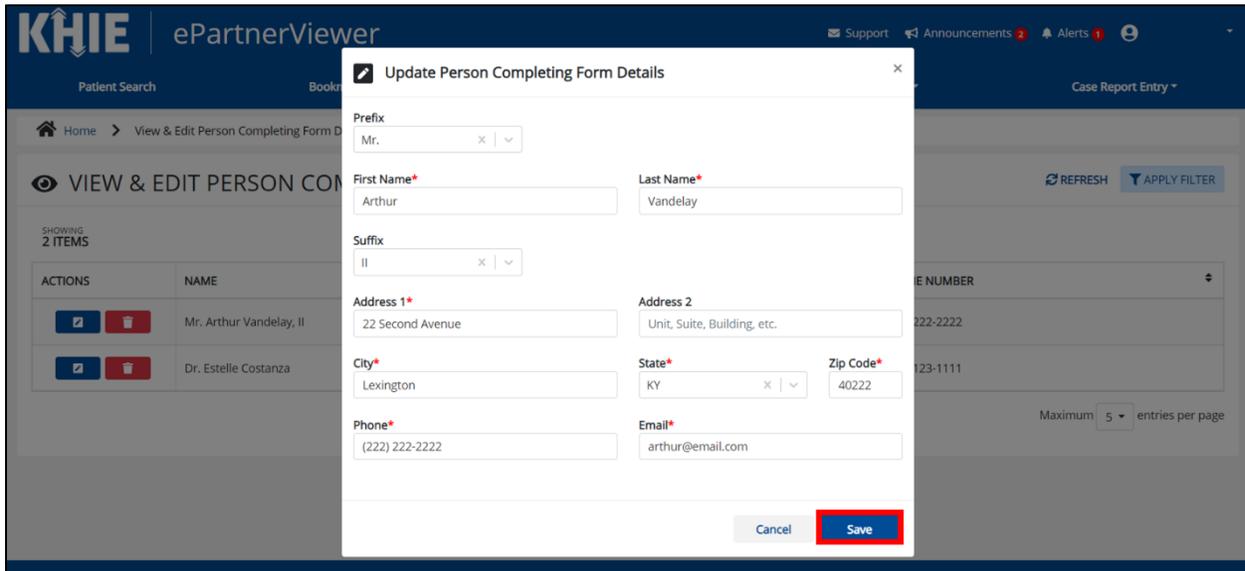


### View & Edit Person Completing Form Details

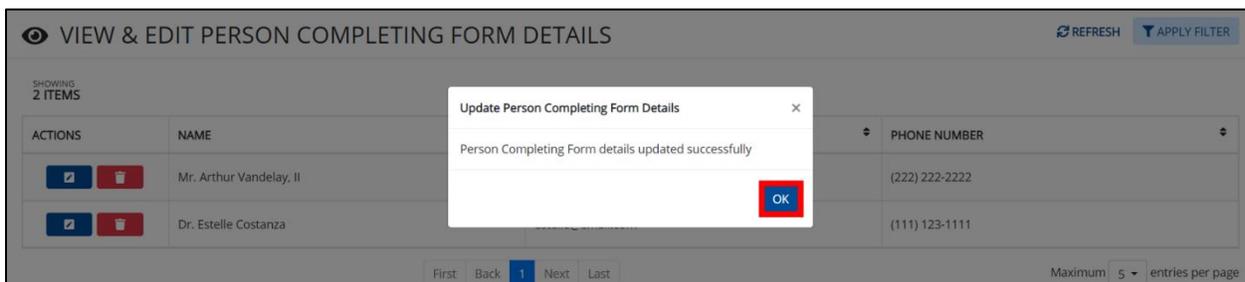
11. The **View & Edit Person Completing Form Details** screen displays. To edit details, click the **Edit** icon located next to the appropriate person.



12. The *Update Person Completing Form Details* pop-up displays. You can make any necessary edits and click **Save** to save the updates and close out of the pop-up.

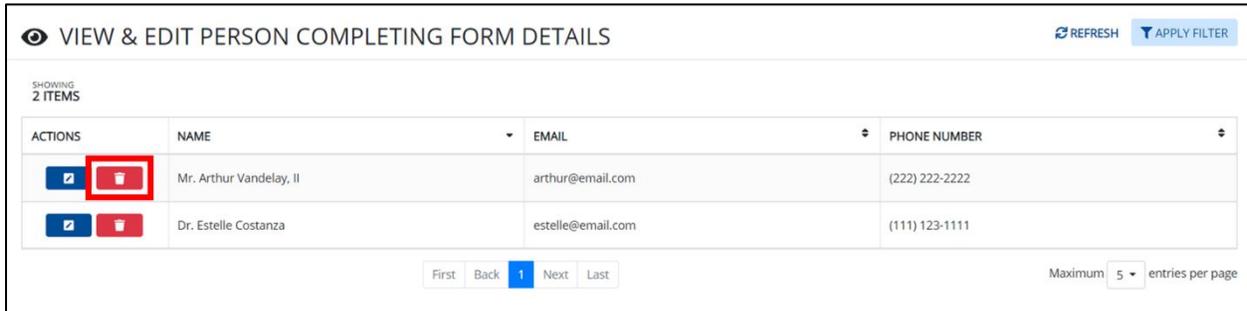


13. Once the update is successfully saved, a pop-up message displays. To proceed, click **OK**.

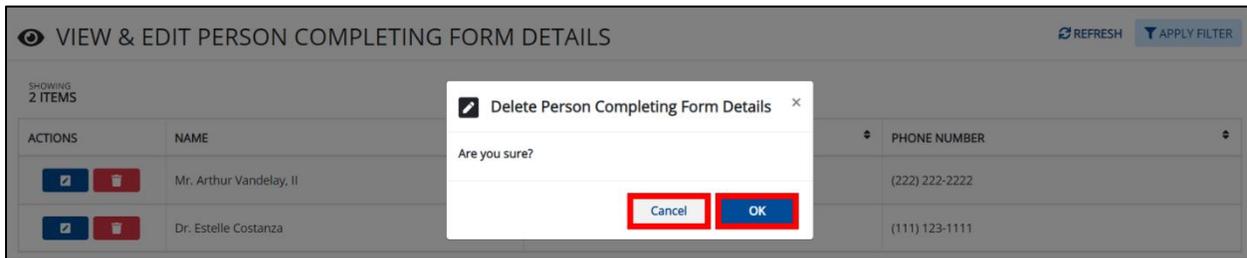


### Delete Person Completing Form Details

14. To delete someone from the User Preferences, click the **Trash Bin Icon** located next to the name of the appropriate person.



15. The *Delete Person Completing Form Details* pop-up displays. To delete, click **OK**. Click **Cancel** if you do not want to delete the person completing the form.

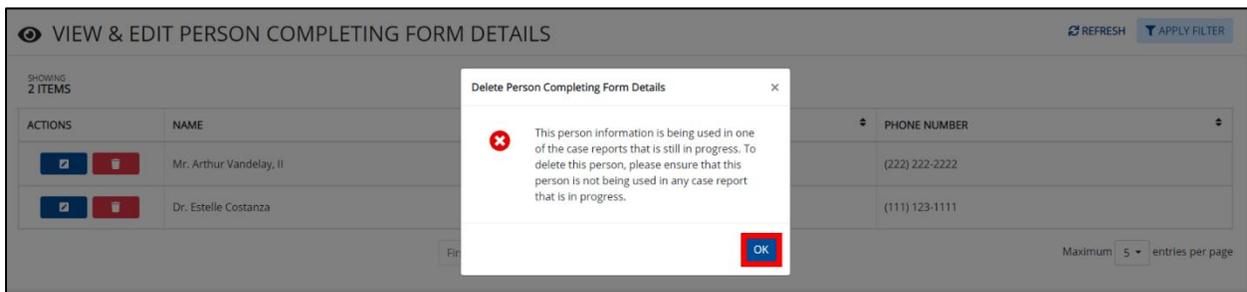


**Please Note:** You can delete a person on the **View & Edit Person Completing Form Details** screen as long as that person has not been selected for use in a case report that is still in progress.

If you attempt to delete a person who has been selected for use in a case report that has not been completed yet, a pop-up notification will display the following message:  
*This person information is being used in a case report that is still in progress. To delete this person, please ensure that this person is not being used in any case report that is progress.*

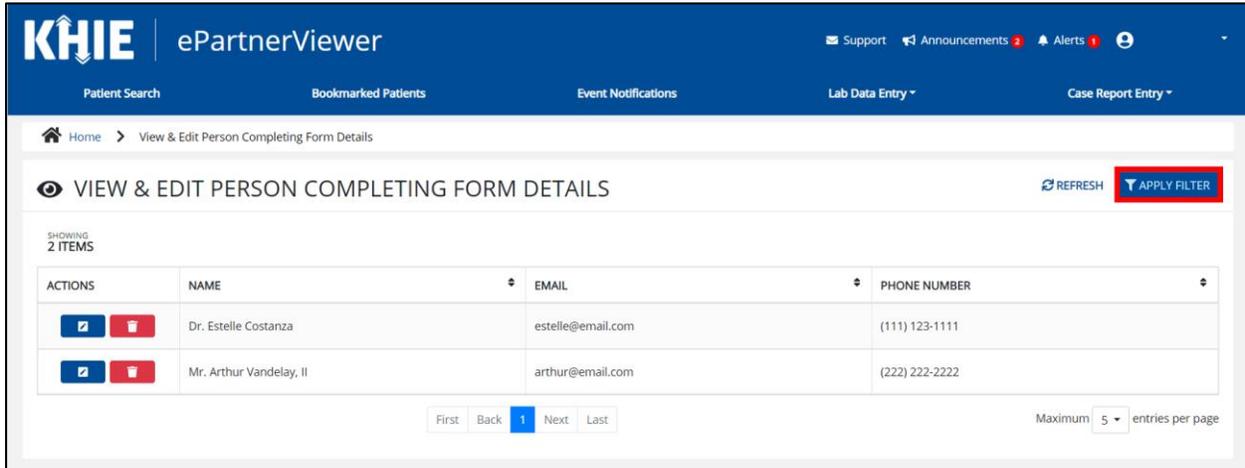
To close out of the pop-up and proceed, click **OK**.

To delete the details of a person used in a case report that is still "In-Progress", you must first complete the case report. Once the appropriate case report is complete, you can delete the Person Completing Form details from your User Preferences.

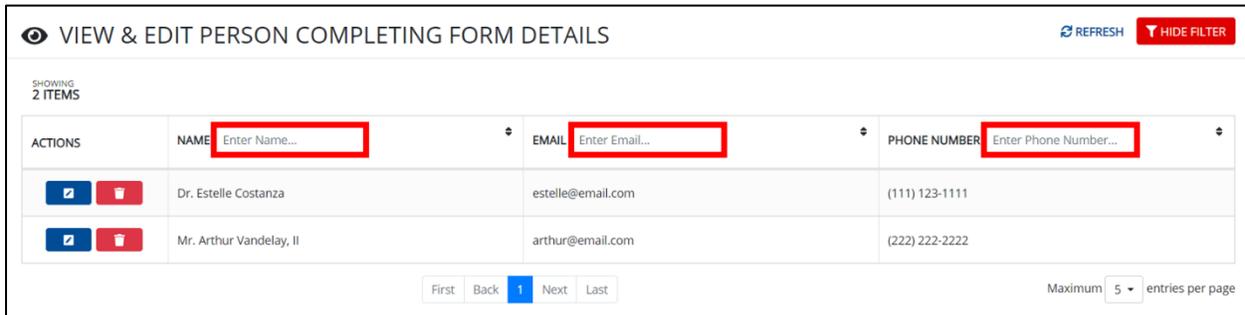


### Filter Person Completing Form Details

16. To search for a specific person in the User Preferences, click **Apply Filter**.

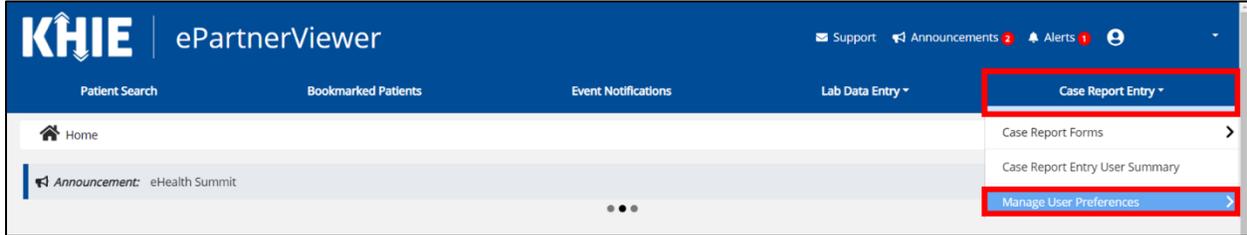


17. The Filter fields display. You can search by entering the **Name**, **Phone Number**, and/or **Email Address** of the person completing the form in the corresponding Filter fields.

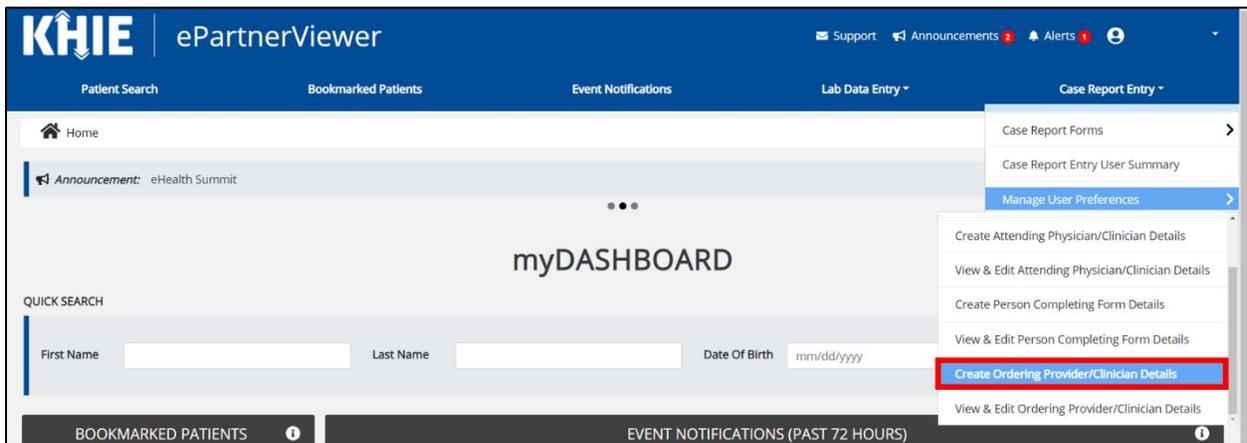


### Create Ordering Provider/Clinician Details

1. When entering the ePartnerViewer, click the **Case Report Entry** Tab located in the blue Navigation Bar at the top of the screen.
2. From the **Case Report Entry** Tab dropdown menu, select **Manage User Preferences**.



3. Select **Create Ordering Provider/Clinician Details** from the dropdown menu.



4. The **Ordering Provider/Clinician** screen displays. Enter the details. Mandatory fields are marked with asterisks (\*).
5. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

Please complete the form below to create an Ordering Provider/Clinician. All fields marked with an asterisk(\*) are required.

#### ORDERING PROVIDER/CLINICIAN

<p>Prefix <input type="text" value="Dr."/></p> <p>First Name* <input type="text"/></p> <p>Suffix <input type="text" value="Select..."/> II III IV Jr Sr</p> <p>(xxx) xxx-xxxx</p>	<p>Last Name* <input type="text"/></p> <p>Address 2 <input type="text" value="Unit, Suite, Building, etc."/></p> <p>State* <input type="text" value="Select..."/> Zip Code* <input type="text"/></p> <p>Email* <input type="text" value="name@domain.com"/></p>
---	---

6. Enter the **First Name and Last Name** of the Ordering Provider/Clinician.

First Name*	Last Name*
<input type="text"/>	<input type="text"/>

7. Enter the **Address, City, State,** and **Zip Code.**

Address 1*	Address 2	
<input type="text"/>	<input type="text" value="Unit, Suite, Building, etc."/>	
City*	State*	Zip Code*
<input type="text"/>	<input type="text" value="Select..."/>	<input type="text"/>

8. Enter the **Phone Number** and **Email Address.**

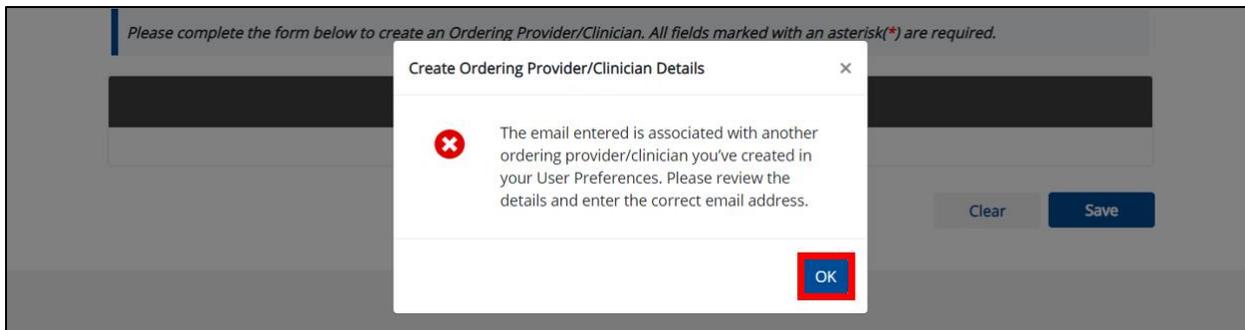
Phone*	Email*
<input type="text" value="(xxx) xxx-xxxx"/>	<input type="text" value="name@domain.com"/>

**Please Note:** If the information entered in the *Phone* and *Email* fields is not entered in the appropriate format, an error message displays that prevents you from proceeding to the next page until the format error is fixed.

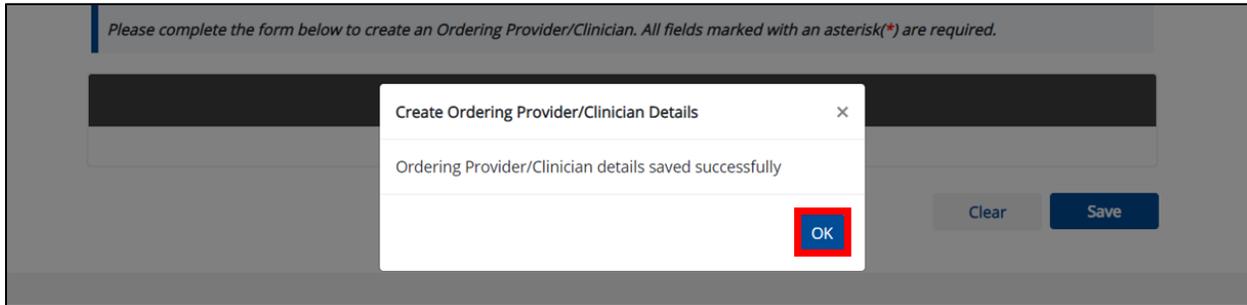
9. After completing the mandatory fields, click **Save**.

**Please Note:** If you enter an email address that is already associated with another Ordering Provider/Clinician and click **Save**, a pop-up displays with an error message that states: *The email entered is associated with another ordering provider/clinician you've created in your User Preferences. Please review the details and enter the correct email address.*

You must enter the correct email address and click **OK** to save the Ordering Provider/Clinician and proceed to the **View & Edit Ordering Provider/Clinician Details** screen.

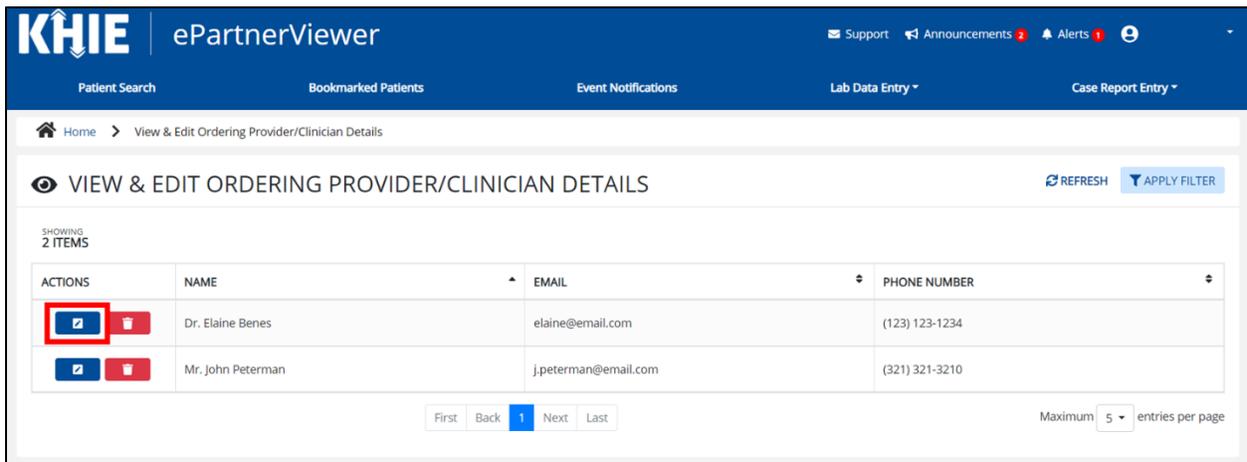


10. The *Create Ordering Provider/Clinician Details* pop-up window displays. Click **OK** to proceed to the **View & Edit Ordering Provider/Clinician Details** screen.

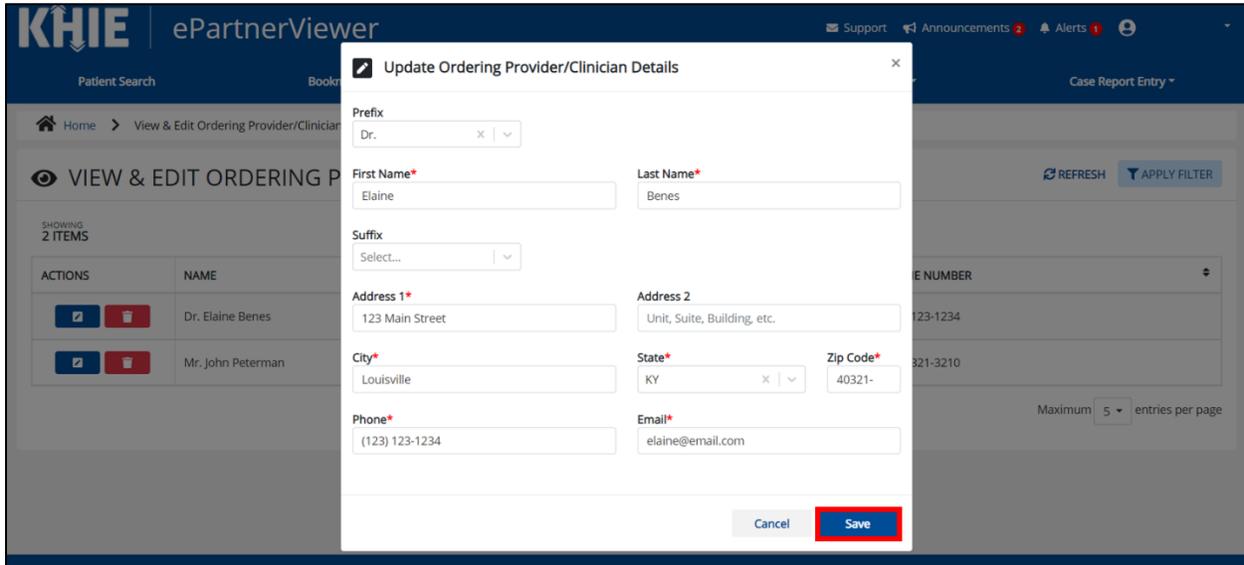


### View & Edit Ordering Provider/Clinician Details

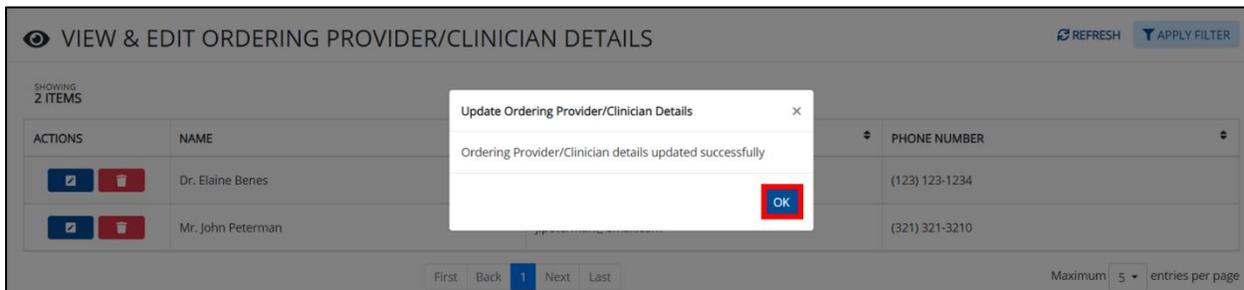
11. The **View & Edit Ordering Provider/Clinician Details** screen displays. To edit details, click the **Edit** icon located next to the appropriate provider/clinician.



12. The *Update Ordering Provider/Clinician Details* pop-up displays. You can make any necessary edits and click **Save** to save the updates and close out of the pop-up.



13. Once the update is successfully saved, a pop-up message displays. To proceed, click **OK**.

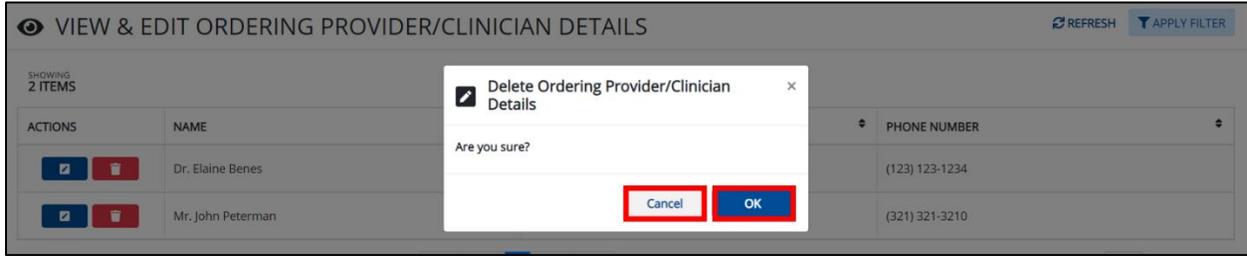


### Delete Ordering Provider/Clinician Details

14. To delete an Ordering Provider/Clinician from the User Preferences, click the **Trash Bin Icon** located next to the appropriate Ordering Provider/Clinician.



15. The *Delete Ordering Provider/Clinician Details* pop-up displays. To delete the Ordering Provider/Clinician, click **OK**. Click **Cancel** if you do not want to delete the Provider/Clinician.

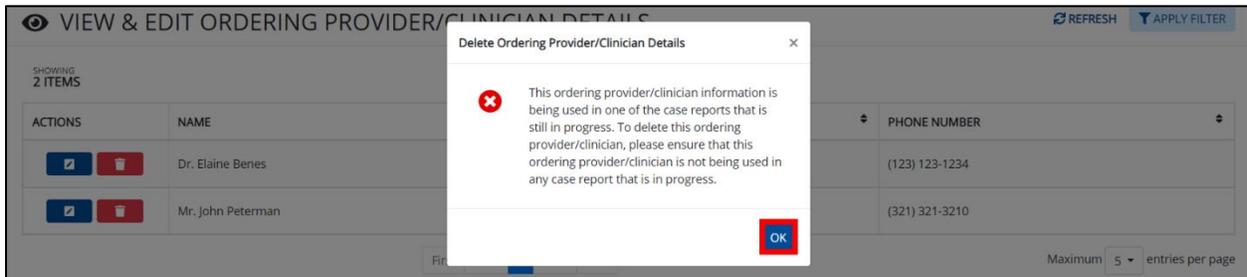


**Please Note:** You can delete an Ordering Provider/Clinician on the **View & Edit Ordering Provider/Clinician** screen as long as the Ordering Provider/Clinician has not been selected for use in another case report that is still in progress.

If you attempt to delete an Ordering Provider/Clinician who has been selected for use in a case report that has not been completed yet, a pop-up notification displays the following message: *This ordering provider/clinician information is being used in a case report that is still in progress. To delete this ordering provider/clinician, please ensure that this ordering provider/clinician is not being used in a case report that is in progress.*

To close out of the pop-up and proceed, click **OK**.

To delete the Ordering Provider/Clinician who is being used in a case report that is still "In-Progress", you must first complete the case report. Once the appropriate case report is complete, you can delete the Ordering Provider/Clinician from your User Preferences.



### Filter Ordering Provider/Clinician Details

16. To search for a specific Ordering Provider/Clinician in the User Preferences, click **Apply Filter**.

The screenshot shows the 'VIEW & EDIT ORDERING PROVIDER/CLINICIAN DETAILS' page in the ePartnerViewer application. The page header includes the KHIE logo and navigation links for Patient Search, Bookmarked Patients, Event Notifications, Lab Data Entry, and Case Report Entry. The main content area displays a table with 2 items. The table has columns for ACTIONS, NAME, EMAIL, and PHONE NUMBER. The first row lists Mr. John Peterman with email j.peterman@email.com and phone number (321) 321-3210. The second row lists Dr. Elaine Benes with email elaine@email.com and phone number (123) 123-1234. There are 'APPLY FILTER' and 'REFRESH' buttons in the top right corner.

ACTIONS	NAME	EMAIL	PHONE NUMBER
	Mr. John Peterman	j.peterman@email.com	(321) 321-3210
	Dr. Elaine Benes	elaine@email.com	(123) 123-1234

17. The Filter fields display. You can search by entering the Ordering Provider/Clinician's **Name**, **Email Address**, and/or **Phone Number** in the corresponding Filter fields.

This screenshot is similar to the previous one but shows the filter fields. The 'NAME', 'EMAIL', and 'PHONE NUMBER' columns in the table header now contain input fields with placeholder text: 'Enter Name...', 'Enter Email...', and 'Enter Phone Number...'. The 'APPLY FILTER' button has been replaced by a 'HIDE FILTER' button.

ACTIONS	NAME	EMAIL	PHONE NUMBER
	Mr. John Peterman	j.peterman@email.com	(321) 321-3210
	Dr. Elaine Benes	elaine@email.com	(123) 123-1234

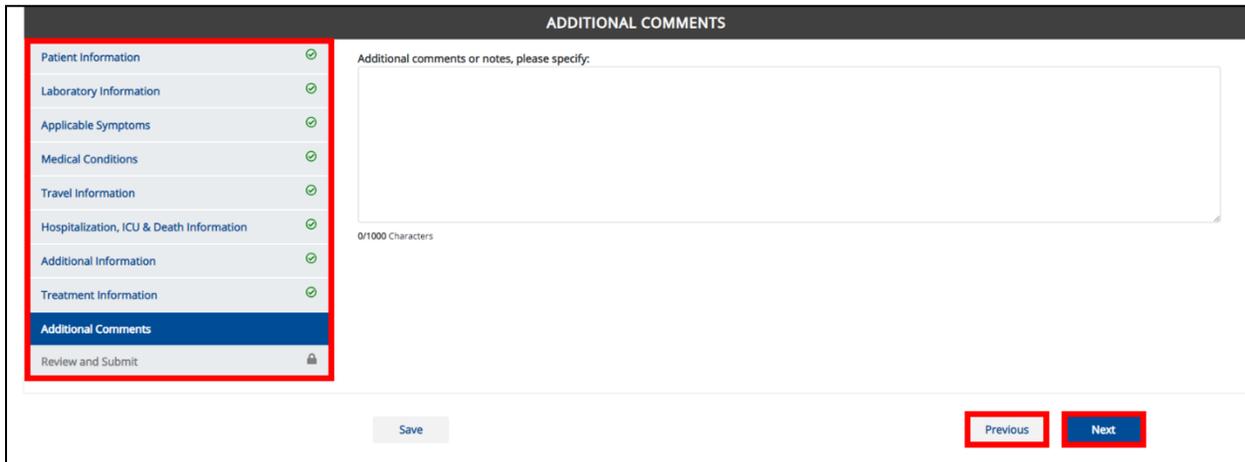
## 5 Basic Features in the Case Report Entry Form

This section describes the basic features of the Case Report Form in the ePartnerViewer.

### Side Navigation Bar & Pagination

On the left side of the Case Report, tabs located in the **Side Navigation Bar** provide users the ability to go to the different screens within a Case Report. You can also use the pagination buttons to move to the next screen or to any previous screen.

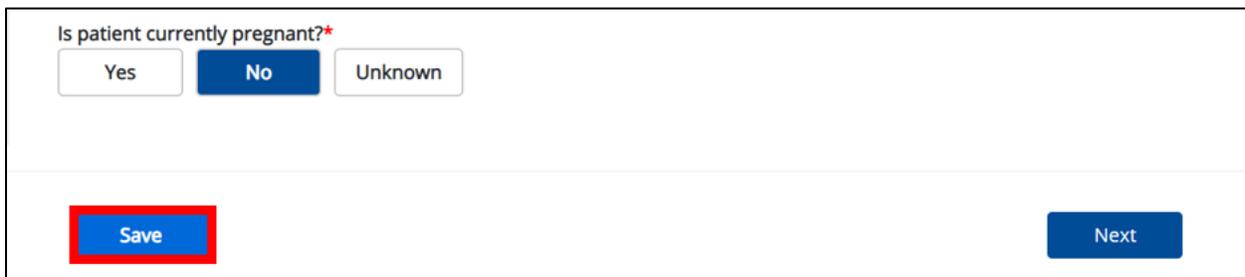
1. Using the side navigation bar, you can navigate to any previously completed screen. Click the **hyperlink** of a previously completed screen to go to that specific screen.
2. Click **Previous** to go to the previous screen.
3. When all required fields have been completed on the current screen, Click **Next** to proceed to the next screen.



### Save Feature

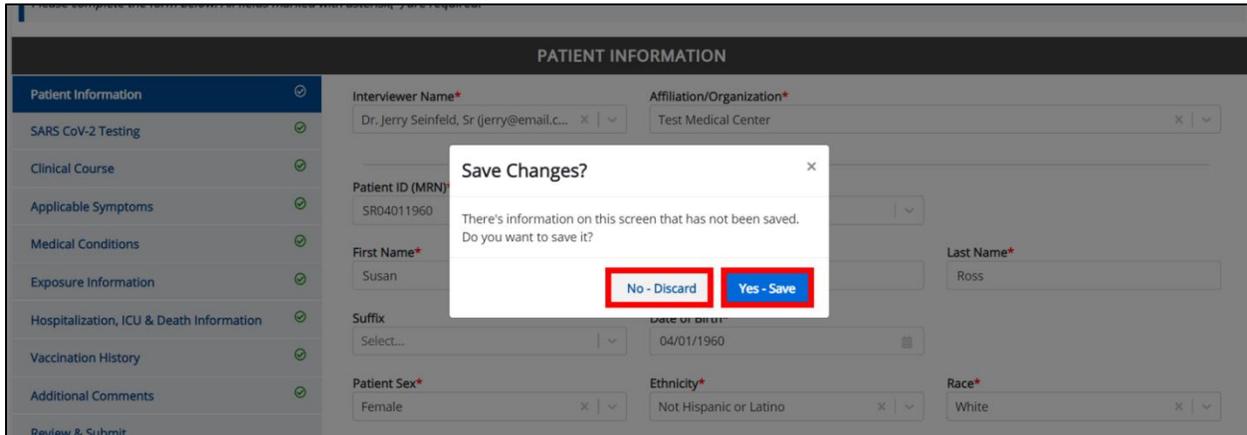
The **Save** feature allows Users to complete the case report in multiple sessions. You must **save** the information you've entered in order to return later to the place you left off previously.

1. When all required fields have been completed, click **Save** at the bottom of the screen to save the current section.



2. If you click on a previously completed screen on the side navigation bar, the *Save Changes* pop-up will display. You have the option to save or discard the changes on the current screen before navigating to another screen.

- If you click **Yes – Save** and all the required fields are entered on the current screen, you will navigate to the intended screen. (If you have not completed all required fields on the current screen, you will not be allowed to save the data.) To navigate to the desired screen, you must first complete all required fields on the current screen.
- If you click **No – Discard**, you will navigate to the intended screen without saving any changes on the current screen. This means that none of the data entered on the current screen will be saved.



**Case Report Entry Icons**

Case Reports may contain Icons that serve as visual indicators to draw the User’s attention to specific information.

**Icon Descriptions:**

Icon	Name	Description
	<b>Progress Bar</b>	Indicates the percentage of completion.
	<b>Lock</b>	Indicates the sections that are not yet accessible; Users must complete all required fields on the current screen and click <b>Next</b> to unlock the next screen.
	<b>Green Checkmark</b>	Indicates the sections that are complete.

**Conditional Questions**

Conditional Questions are those questions that are asked based on your responses to the previous questions. The Multi-Drug Resistant Organism Case Report has multiple screens with conditional questions. Based on the answer selected for conditional questions, certain subsequent fields on the screen will be enabled or grayed out and disabled.

- For example, if you select **No** or **Unknown** to the conditional question at the top of the **Laboratory Information** screen of the Multi-Drug Resistant Organism Case Report, the subsequent fields will be grayed out and disabled.

The screenshot shows the 'LABORATORY INFORMATION' screen. On the left is a navigation menu with 'Laboratory Information' selected. The main content area has a question 'Does the patient have a lab test?' with three radio buttons: 'Yes', 'No', and 'Unknown'. The 'No' button is selected and highlighted with a red box. Below this, several form fields are visible but disabled, including 'Laboratory Name', 'Ordering Provider/Clinician', 'Test Name', 'If other, please specify:', 'Filler Order/Accession Number', and 'Specimen Source'.

- If you select **Yes** to the conditional question at the top of the **Laboratory Information** screen, the subsequent laboratory-related fields are enabled.

The screenshot shows the 'LABORATORY INFORMATION' screen with the 'Yes' radio button selected and highlighted with a red box. The subsequent form fields are now enabled and highlighted with a larger red box. These fields include 'Laboratory Name\*', 'Ordering Provider/Clinician\*', 'Test Name\*', 'If other, please specify:', 'Filler Order/Accession Number', 'Specimen Source\*', 'Test Result\*', and another 'If other, please specify:' field.

Additionally, if **No** or **Unknown** is selected for certain conditional questions, the screen will be disabled and the subsequent fields will be marked as **No** or **Unknown**, based on the selected answer.

This conditional question is found on the **Exposure Information** screen of the Multi-Drug Resistant Organism Case Report.

- For example, if you select **No** to the conditional question at the top of the **Exposure Information** screen, all subsequent fields will be disabled and labeled as **No**.

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM Section 3 of 6

Please select the information that the patient was exposed to prior to illness.

### EXPOSURE INFORMATION

Patient Information	✔
Laboratory Information	✔
<b>Exposure Information</b>	
Hospitalization, ICU, Disposition & Death Information	🔒
Additional Comments	🔒
Review and Submit	🔒

Did the patient have any of the following exposures:\*

Yes **No** Unknown

International travel within the last 12 months

Yes **No** Unknown

If yes, please specify country(s):  
Select...

International healthcare within the last 12 months

Yes **No** Unknown

If yes, please specify country(s):  
Select...

International hospitalization within the last 12 months

Yes **No** Unknown

If yes, please specify country(s):  
Select...

Save Previous **Next**

- If you select **Unknown** to the conditional question at the top of the **Exposure Information** screen, all subsequent fields will be disabled and labeled as **Unknown**.

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM Section 3 of 6

Please select the information that the patient was exposed to prior to illness.

### EXPOSURE INFORMATION

Patient Information	✔
Laboratory Information	✔
<b>Exposure Information</b>	
Hospitalization, ICU, Disposition & Death Information	🔒
Additional Comments	🔒
Review and Submit	🔒

Did the patient have any of the following exposures:\*

Yes **Unknown** Unknown

International travel within the last 12 months

Yes **Unknown** Unknown

If yes, please specify country(s):  
Select...

International healthcare within the last 12 months

Yes **Unknown** Unknown

If yes, please specify country(s):  
Select...

International hospitalization within the last 12 months

Yes **Unknown** Unknown

If yes, please specify country(s):  
Select...

- If you select **Yes** to the conditional question at the top of the **Exposure Information** screen, the subsequent fields are enabled.

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM Section 3 of 6

Please select the information that the patient was exposed to prior to illness.

### EXPOSURE INFORMATION

<p>Patient Information <input checked="" type="checkbox"/></p> <p>Laboratory Information <input checked="" type="checkbox"/></p> <p><b>Exposure Information</b></p> <p>Hospitalization, ICU, Disposition &amp; Death Information <input type="checkbox"/></p> <p>Additional Comments <input type="checkbox"/></p> <p>Review and Submit <input type="checkbox"/></p>	<p>Did the patient have any of the following exposures:*</p> <p><input checked="" type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p> <div style="border: 2px solid red; padding: 5px;"><p>International travel within the last 12 months*</p><p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p><p>If yes, please specify country(s): <input type="text" value="Select..."/></p><p>International healthcare within the last 12 months*</p><p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p><p>If yes, please specify country(s): <input type="text" value="Select..."/></p><p>International hospitalization within the last 12 months*</p><p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p><p>If yes, please specify country(s): <input type="text" value="Select..."/></p></div>
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## 6 Affiliation/Organization Conditional Question

Certain conditional questions apply only to the subsequent fields within the section. Based on the selection to a conditional question, certain subsequent fields in that section are enabled.

This applies to the conditional Affiliation/Organization question on the **Patient Information** screen: ***Is the Affiliation/Organization the same for Patient ID (MRN), Person completing Form, Attending Physician/Clinician?***

Based on the selected answer to the conditional question, you can apply the **same** Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician; **OR** you can apply a **different** Affiliation/Organization to each.

PATIENT INFORMATION

Disease/Organism\* ?

Date of Diagnosis\* ?

  Unknown

**Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?\***

Patient ID (MRN) ?

Affiliation/Organization ?

Person Completing Form

Affiliation/Organization ?

If other, please specify: ?

Attending Physician/Clinician

Affiliation/Organization ?

If other, please specify: ?

- Select **Yes** to apply the **same** Affiliation/Organization the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.
- Select **No** to apply **different** Affiliation/Organizations to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

**Affiliation/Organization Conditional Answer: Yes**

If **Yes** is selected for the conditional Affiliation/Organization question, the **same** Affiliation/Organization is applied to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

- Only **one** Affiliation/Organization field is enabled. You must complete the Affiliation/Organization field that corresponds to the Patient ID (MRN). The Affiliation/Organization fields for the Person Completing Form and the Attending Physician/Clinician are disabled.

1. Select the **Affiliation/Organization** for the Patient ID (MRN) from the dropdown.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?\*

**Yes** No

Patient ID (MRN)\*

Affiliation/Organization\*

Person Completing Form\*  Affiliation/Organization  If other, please specify:

Attending Physician/Clinician\*  Affiliation/Organization  If other, please specify:

- Once the Affiliation/Organization is selected for the Patient ID (MRN), this Affiliation/Organization selection will display in the disabled Affiliation/Organization fields.
- This means the **same** Affiliation/Organization is applied to the Patient ID (MRN), the Person Completing Form and the Attending Physician/Clinician.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?\*

**Yes** No

Patient ID (MRN)\*

Affiliation/Organization\*

Person Completing Form\*  Affiliation/Organization  If other, please specify:

Attending Physician/Clinician\*  Affiliation/Organization  If other, please specify:

**Affiliation/Organization Conditional Answer: No**

If **No** is selected for the conditional Affiliation/Organization question, a **different** Affiliation/Organization can be applied to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

- **All** three (3) of the *Affiliation/Organization* fields are enabled for the Patient ID (MRN), Person Completing Form, and the Attending Physician/Clinician.
- You must individually complete **all** *Affiliation/Organization* fields corresponding to Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician.

1. Select the **Affiliation/Organization** for the Patient ID (MRN) from the dropdown menu.

2. Select the **Affiliation/Organization** for the Person Completing Form from the dropdown menu.

**Please Note:** If you select **Other** from the *Affiliation/Organization* dropdown menu for the Person Completing Form, the following subsequent textbox is enabled: *If other, please specify*. You must enter the name of the **affiliation/organization**.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?\*

Yes  No

Patient ID (MRN)\*  Affiliation/Organization\*

Person Completing Form\*  Affiliation/Organization\*  If other, please specify:\*

Attending Physician/Clinician\*  Affiliation/Organization\*  If other, please specify:

3. Select the **Affiliation/Organization** for the Attending Physician/Clinician from the dropdown menu.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?\*

Yes  No

Patient ID (MRN)\*  Affiliation/Organization\*

Person Completing Form\*  Affiliation/Organization\*  If other, please specify:\*

Attending Physician/Clinician\*  Affiliation/Organization\*  If other, please specify:

Prefix

First Name\*

Suffix

Patient Sex\*  Ethnicity\*  Race\*

**Please Note:** If you select **Other** from the *Affiliation/Organization* dropdown menu for the Attending Physician/Clinician, the subsequent textbox is enabled: *If other, please specify*. You must enter the name of the **Affiliation/Organization**.

Attending Physician/Clinician\*  Affiliation/Organization\*  If other, please specify:\*

### Affiliation/Organization Validation

If, after completing the *Affiliation/Organization* section, you change your answer to the conditional question from **No** to **Yes** or vice versa, a pop-up will display to confirm the change in answer.

A pop-up displays with a message that states: **All selections for the "Affiliation/Organization" will be reset. Are you sure you want to change your selection?**

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?\*

**Yes** **No**

Patient ID (MRN)\* SK05051960 Affiliation/Organization\* Test Medical Center

Person Completing Form\* Mr. Arthur Vandelay, II (arthur@email.com) Affiliation/Organization\* Other If other, please specify:\* Test Hospital

Attending Physician/Clinician\* Dr. Frank Costanza, Sr (frank@email.com) Affiliation/Organization\* Test Medical Center If other, please specify:

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?\*

**Yes** **No**

Patient ID (MRN)\* SK05051960 Affiliation/Organization\* Test Medical Center

Person Completing Form\* Mr. Arthur Vandelay, II (arthur@email.com) Affiliation/Organization\* Test Medical Center If other, please specify:

Attending Physician/Clinician\* Dr. Frank Costanza, Sr (frank@email.com) Affiliation/Organization\* Test Medical Center If other, please specify:

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?\*

**Yes** **No**

Patient ID (MRN)\* SK05051960 Affiliation/Organization\* Test Medical Center

Person Completing Form\* Mr. Arthur Vandelay, II (arthur@email.com) Affiliation/Organization\* Test Medical Center If other, please specify:

Attending Physician/Clinician\* Dr. Frank Costanza, Sr (frank@email.com) Affiliation/Organization\* Test Medical Center If other, please specify:

**Patient Information**

All selections for the "Affiliation/Organization" will be reset. Are you sure you want to change your selection?

**Yes** **No**

- To reset the Affiliation/Organization selection(s), click **Yes**.
- To save the selected Affiliation/Organization selection(s), click **No**.

**Change Affiliation/Organization Conditional Answer: No to Yes**

If, after completing the *Affiliation/Organization* section, you change your answer to the conditional question from **No** to **Yes**, a pop-up message will display.

1. To reset your previous Affiliation/Organization selections for the Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician, click **Yes** on the pop-up.

2. An error message prevents you from proceeding until an Affiliation/Organization is selected. You must select the **Affiliation/Organization** for the Patient ID (MRN) in order to proceed.
  - Your previous Affiliation/Organization selections for the Person Completing Form and the Attending Physician/Clinician have been reset.
  - The *Affiliation/Organization* fields for the Person Completing Form and the Attending Physician/Clinician are now blank and disabled.

3. Select the **Affiliation/Organization** for the Patient ID (MRN) from the dropdown menu.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?\*

Patient ID (MRN)\*

Person Completing Form\*

Attending Physician/Clinician\*

Prefix

Affiliation/Organization\*

- Afzal, Mohammad MD, Internal Medicine, LLC
- eICR Onboarding Regression
- Hilton Hospital
- King's Daughters Medical Center
- Murray-Calloway County Hospital
- Test Medical Center
- University Of Kentucky Chandler Medical Center

If other, please specify:

If other, please specify:

4. The **Affiliation/Organization** selected for the Patient ID (MRN) will display in disabled *Affiliation/Organization* fields for the Person Completing Form and the Attending Physician/Clinician.

- This means the **same** Affiliation/Organization will be applied to the Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?\*

Patient ID (MRN)\*

Person Completing Form\*

Attending Physician/Clinician\*

Affiliation/Organization\*

Affiliation/Organization

Affiliation/Organization

If other, please specify:

If other, please specify:

**Change Affiliation/Organization Conditional Answer: Yes to No**

If, after completing the *Affiliation/Organization* section, you change your answer to the conditional question from **Yes** to **No**, a pop-up will display.

1. To reset your previous Affiliation/Organization selection for the Patient ID (MRN), click **Yes** on the pop-up.

2. You must individually complete **all** *Affiliation/Organization* fields corresponding to Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician.
  - Your previous Affiliation/Organization selection for the Patient ID (MRN) has been reset.
  - **All** three (3) of the *Affiliation/Organization* fields are enabled for the Patient ID (MRN), Person Completing Form, and the Attending Physician/Clinician.
    - This means a different Affiliation/Organization can be selected for each field.

3. Select the **Affiliation/Organization** for the Patient ID (MRN) from the dropdown menu.

4. Select the **Affiliation/Organization** for the Person Completing Form from the dropdown menu.

5. Select the **Affiliation/Organization** for the Attending Physician/Clinician from the dropdown menu.

**Please Note:** If you select **Other** from the *Affiliation/Organization* dropdown menu for the Person Completing Form or the Attending Physician/Clinician, the following subsequent textbox is enabled: *If other, please specify*. You must enter the name of the **affiliation/organization**.

## 7 Dynamic Functions based MDRO Type and Organism Name

Based on the **MDRO Type** and **Organism Name** selected from the dropdown menus on the **Patient Information** screen of the Multi-Drug Resistant Organism (MDRO) Case Report, certain subsequent fields will dynamically display information that applies to the selected MDRO Type and Organism Name. This means certain fields will display only the organism names and lab tests that apply to the selected MDRO Type and Organism Name.

Once the MDRO Type and Organism Name selections are saved on the **Patient Information** screen, the subsequent dynamic screens are customized to display only the information that applies to the selected MDRO Type and Organism Name.

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM Section 1 of 6

Please complete the form below. All fields marked with an asterisk(\*) are required.

### PATIENT INFORMATION

<b>Patient Information</b>	<b>MDRO Type*</b>
Laboratory Information	Select...
Exposure Information	Candida auris, clinical
Hospitalization, ICU, Disposition & Death Information	Candida auris, colonization/screening
Additional Comments	Carbapenem Resistant Acinetobacter baumannii (CRAB)
Review and Submit	Carbapenem resistant Enterobacteriaceae (CRE)
	Carbapenem-resistant Pseudomonas species (CRPA)
	Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)
	Vancomycin-intermediate Staphylococcus aureus (VISA)

Date of Diagnosis\*  
mm/dd/yyyy  Unknown

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?\*

Yes  No

### Organism Name: Dynamic Field for MDRO Case Report

On the **Patient Information** screen, the *Organism Name* dropdown menu displays only the organism name options that apply to the selected **MDRO Type**. You must select the appropriate **Organism Name** from the dropdown menu.

Organism Name\*  
Select...  
Infection caused by Candida auris

Date of Diagnosis\*  
mm/dd/yyyy  Unknown

Organism Names for Candida Auris, Clinical

Organism Name\*  
Select...  
Candida auris  
Candida haemulonii

Date of Diagnosis\*  
mm/dd/yyyy  Unknown

Organism Names for Candida Auris, Colonization/Screening

**Organism Name\***

Select...

- Carbapenem resistant Acinetobacter
- Carbapenem-resistant Acinetobacter baumannii
- Carbapenem-resistant Acinetobacter baumannii-calcoaceticus complex
- Carbapenemase-producing Acinetobacter
- Carbapenemase-producing Acinetobacter baumannii
- Carbapenemase-producing Acinetobacter calcoaceticus
- Carbapenemase-producing Acinetobacter johnsonii

**Organism Names for Carbapenem Resistant Acinetobacter baumannii (CRAB)**

Date of Diagnosis\*

Physician/Clinician?\*

Person Completing Form Affiliation/Organization If other, please specify:

**Organism Name\***

Select...

- Carbapenem resistant bacteria
- Carbapenem resistant Enterobacter cloacae
- Carbapenem resistant Enterobacter cloacae complex
- Carbapenem resistant Enterobacteriaceae
- Carbapenem resistant Escherichia coli
- Carbapenem resistant Klebsiella aerogenes
- Carbapenem resistant Klebsiella oxytoca

**Organism Names for Carbapenem Resistant Enterobacteriaceae (CRE)**

Date of Diagnosis\*

Physician/Clinician?\*

Person Completing Form Affiliation/Organization If other, please specify:

**Organism Name\***

Select...

- Carbapenem-resistant Pseudomonas aeruginosa
- Carbapenemase-producing Pseudomonas aeruginosa
- Metallo-beta-lactamase producing Pseudomonas aeruginosa
- Multidrug resistant Pseudomonas aeruginosa

**Organism Names for Carbapenem-Resistant Pseudomonas Species (CRPA)**

Date of Diagnosis\*

Physician/Clinician?\*

Yes No

Person Completing Form Affiliation/Organization If other, please specify:

**Organism Name\***

Select...

- Carbapenemase-producing Acinetobacter baumannii
- Carbapenemase-producing bacteria
- Carbapenemase-producing Citrobacter
- Carbapenemase-producing Citrobacter amalonaticus
- Carbapenemase-producing Citrobacter braakii
- Carbapenemase-producing Citrobacter farmeri
- Carbapenemase-producing Citrobacter freundii

**Organism Names for Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-RE)**

Date of Diagnosis\*

Physician/Clinician?\*

Person Completing Form Affiliation/Organization If other, please specify:

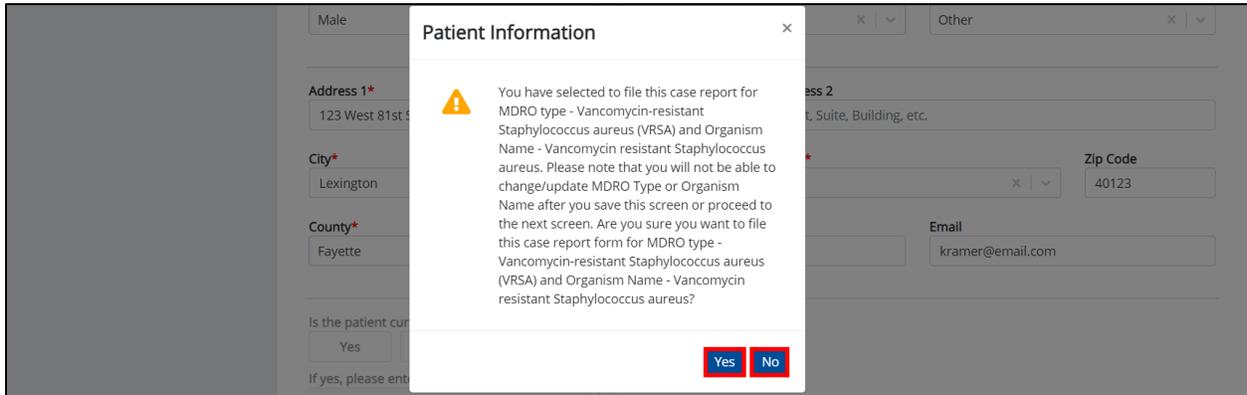
- If **Other** is selected as the MDRO Type, the subsequent textbox is enabled. Additionally, the *Organism Name* field automatically populates with **Other**, which enables the subsequent textbox. Enter the **MDRO Type** and the **Organism Name** in the appropriate *If other, please specify* textboxes.

**Please Note:** Once an **Organism Name** is selected, the *MDRO Type* field displays only the selected MDRO Type.

### Change MDRO Type and Organism Name Selections

Once you select an MDRO Type and an Organism Name from the dropdown menus, and click **Save** or **Next** on the **Patient Information** screen, a pop-up displays with a message that states:

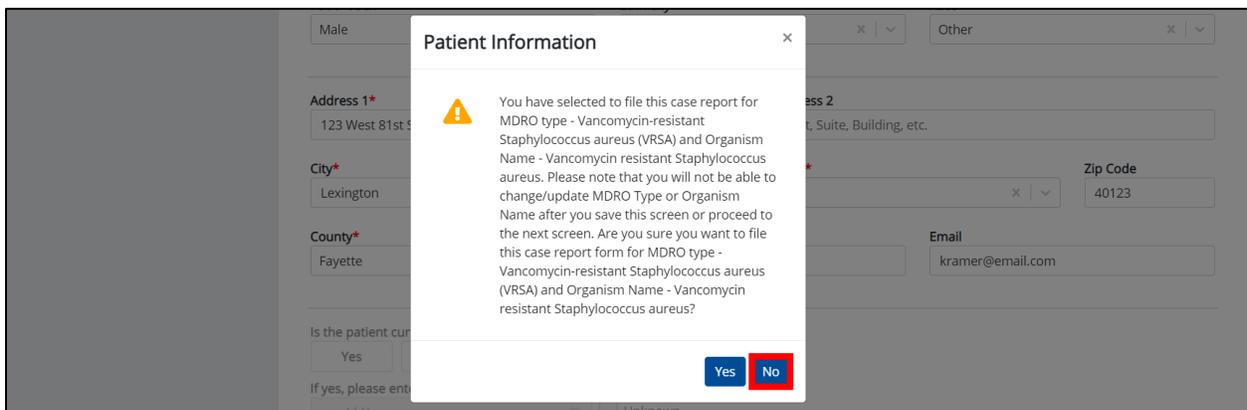
*You have selected to file this case report for MDRO type - [selected MDRO Type] and Organism Name – [selected Organism Name]. Please note that you will not be able to change/update MDRO Type or Organism Name after you save this screen or proceed to the next screen. Are you sure you want to file this case report form for MDRO type - [selected MDRO Type] and Organism Name – [selected Organism Name]?*



**Please Note:** All MDRO Type and Organism Name selections are final. Once the MDRO Type and Organism Name selections are saved on the **Patient Information** screen, the subsequent dynamic screens are customized to display only the information that applies to the selected MDRO Type and Organism Name.

You have one more opportunity to select **No** to change the MDRO Type and Organism Name selections. You can select **Yes** to finalize the MDRO Type and Organism Name selections.

1. Upon clicking **Save** or **Next** at the bottom of the **Patient Information** screen, the MDRO Type/Organism Name Pop-Up displays.
2. To change the MDRO Type and/or Organism Name selections, click **No**.



- The *MDRO Type* and *Organism Name* dropdown menus display only the selected MDRO Type and Organism Name.

**Please Note:** Once an **Organism Name** is selected, the *MDRO Type* field displays only the selected MDRO Type.

- To change the **MDRO Type** selection, click the **X** on the *Organism Name* dropdown menu.

- This resets the *MDRO Type* dropdown menu to display **all** MDRO Type options. To change the MDRO Type, select a different **MDRO Type** from the dropdown menu.

**Please Note:** Upon resetting the *MDRO Type* and *Organism Name* dropdown menus, a banner displays an error message that states: *There are errors. Please make a selection for all required fields.*

**Please Note:** If you click the **X** on the *MDRO Type* dropdown menu and do **not** select an MDRO Type from the dropdown, the *Organism Name* dropdown menu will display **ALL** Organism Name options for all eight (8) MDRO Types.

Once an **MDRO Type** is selected, the *Organism Name* dropdown menu displays only the Organism Name options that apply to the selected MDRO Type.

There are errors. Please make a selection for all required fields.

### PATIENT INFORMATION

<b>Patient Information</b>	<b>MDRO Type*</b> Select... <small>Please Enter MDRO Type</small>	
Laboratory Information	If other, please specify: ?	
Exposure Information	<b>Organism Name*</b> Infection caused by Candida auris Candida auris Candida haemulonii Carbapenem resistant Acinetobacter Carbapenem resistant bacteria Carbapenem resistant Enterobacter cloacae Carbapenem resistant Enterobacter cloacae complex Carbapenem resistant Enterobacteriaceae	<b>Date of Diagnosis*</b> 07/23/2021 <input type="checkbox"/> Unknown
Hospitalization, ICU, Disposition & Death Information		<b>tending Physician/Clinician?*</b>
Additional Comments		
Review and Submit		

Person Completing Form\* Affiliation/Organization ? If other, please specify: ?

6. Select the appropriate **Organism Name** from the dropdown menu. The *Organism Name* dropdown menu will display only the options that apply to the selected MDRO Type.

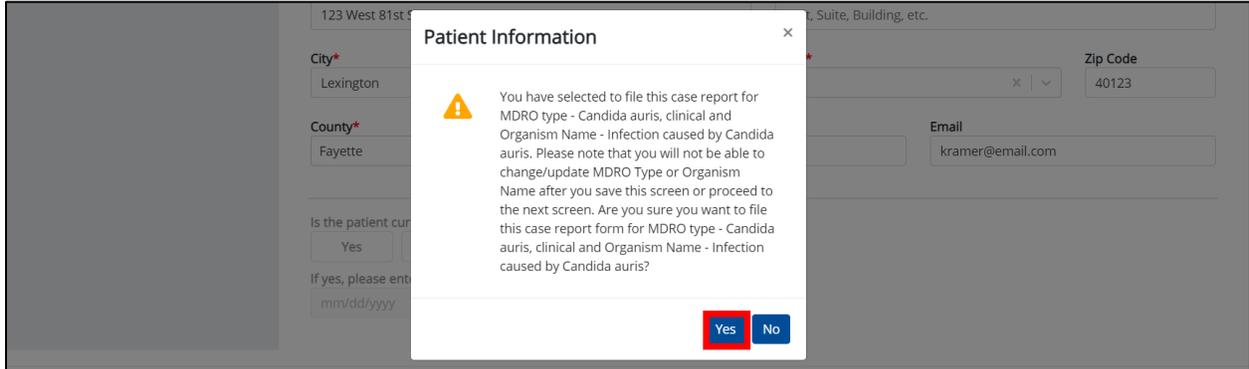
There are errors. Please make a selection for all required fields.

### PATIENT INFORMATION

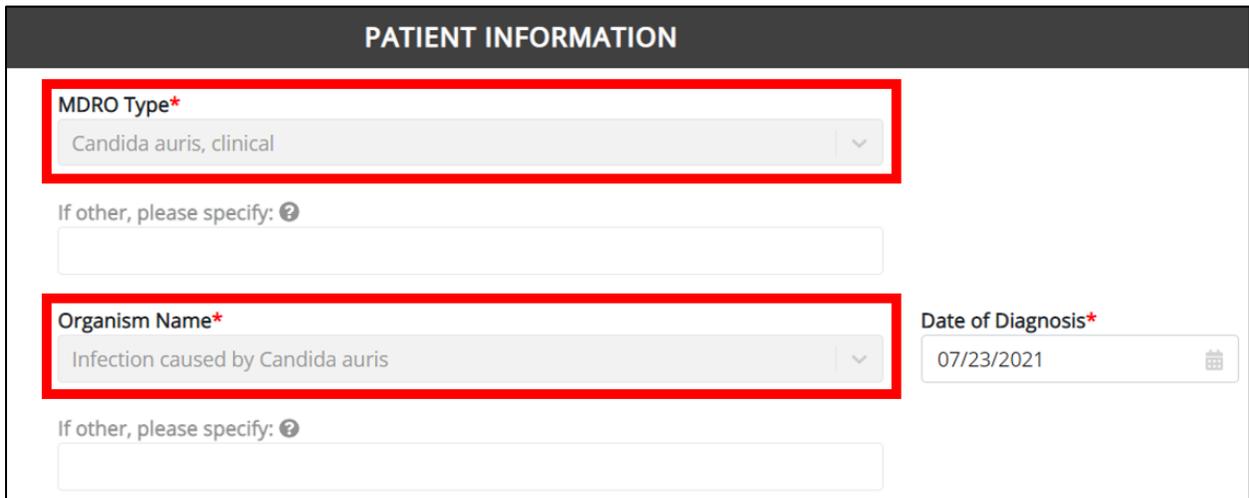
<b>Patient Information</b>	<b>MDRO Type*</b> Candida auris, clinical	
Laboratory Information	If other, please specify: ?	
Exposure Information	<b>Organism Name*</b> Select... <small>Please Enter Organism Name</small>	<b>Date of Diagnosis*</b> 07/23/2021 <input type="checkbox"/> Unknown
Hospitalization, ICU, Disposition & Death Information		<b>tending Physician/Clinician?*</b>
Additional Comments		

7. Once the MDRO Type and Organism Name selections are complete, click **Save** or **Next** at the bottom of the **Patient Information** screen.

- 8. The MDRO Type/Organism Name Pop-Up displays to confirm the change in MDRO Type and Organism Name selections. Click **Yes** to save the MDRO Type and Organism Name selections.



- 9. After saving the selections, the *MDRO Type* and *Organism Name* fields are disabled and display the selected MDRO Type and Organism Name. You can no longer change the selected MDRO Type and Organism Name.



### Laboratory Information: Dynamic Screen

On the **Laboratory Information** screen, the *Test Name* dropdown menu displays only the test name options that apply to the MDRO Type selected on the **Patient Information** screen.

**Test Names for Candida Auris, Clinical**

**Test Name\***

- Select...
- Candida auris DNA [Presence] by NAA with probe detection in Positive blood culture
- Candida auris ITS2 gene [Presence] in Unspecified specimen by NAA with probe detection
- Candida auris [Presence] in Unspecified specimen by Organism specific culture
- Other

**Specimen Source\***

**Test Names for Candida Auris, Colonization/Screening**

**Test Name\***

- Select...
- Candida auris DNA [Presence] by NAA with probe detection in Positive blood culture
- Candida auris ITS2 gene [Presence] in Unspecified specimen by NAA with probe detection
- Candida auris [Presence] in Unspecified specimen by Organism specific culture
- Other

**Specimen Source\***

**Test Names for Carbapenem Resistant Acinetobacter baumannii (CRAB)**

**Test Name\***

- Select...
- Bacterial carbapenem resistance blaOXA-23-like gene
- Bacterial carbapenem resistance blaOXA-24-like gene
- Bacterial carbapenem resistance blaOXA-58-like gene
- Carbapenemase [Presence] in Isolate
- Other

Select...

**Test Names for Carbapenem Resistant Enterobacteriaceae (CRE)**

**Test Name\***

- Select...
- Carbapenemase [Presence] in Isolate
- Other

**Filler Order/Accession Number** ⓘ

**Test Names for Carbapenem-Resistant Pseudomonas Species (CRPA)**

**Test Name\***

- Select...
- Carbapenemase [Presence] in Isolate
- Other

**Filler Order/Accession Number** ⓘ

**Test Names for Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-RE)**

**Test Name\***

- Select...
- Bacterial carbapenem resistance blaGES gene
- Bacterial carbapenem resistance blaGIM gene
- Bacterial carbapenem resistance blaIMP gene
- Bacterial carbapenem resistance blaKPC gene
- Bacterial carbapenem resistance blaNDM gene
- Bacterial carbapenem resistance blaOXA gene
- Bacterial carbapenem resistance blaOXA-134-like gene

Test Name\*

Test Names for **Vancomycin-intermediate Staphylococcus aureus (VISA)**

- Vancomycin resistance vanA gene [Presence] by Molecular method
- Vancomycin resistance vanB gene [Presence] by Molecular method
- Vancomycin resistance vanC1 gene [Presence] by Molecular method
- Vancomycin resistance vanC2+vanC3 genes [Presence] by Molecular method
- Vancomycin resistance vanD gene [Presence] by Molecular method
- Vancomycin [Susceptibility] by Genotype method
- Other

Test Name\*

Test Names for **Vancomycin-resistant Staphylococcus aureus (VRSA)**

- Staphylococcus aureus.vancomycin resistance
- Vancomycin resistance vanA gene [Presence] by Molecular method
- Vancomycin resistance vanB gene [Presence] by Molecular method
- Vancomycin resistance vanC1 gene [Presence] by Molecular method
- Vancomycin resistance vanC2+vanC3 genes [Presence] by Molecular method
- Vancomycin resistance vanD gene [Presence] by Molecular method
- Vancomycin [Susceptibility] by Genotype method
- Other

Test Name\*

Test Names for **Other**

- Bacteria Identified in Isolate by Culture
- Other

Filler Order/Accession Number ⓘ

**Please Note:** If you select **Other** from the *Test Name* dropdown menu, the subsequent field is enabled. You must enter the **Test Name** in the subsequent textbox: *If other, please specify.*

Test Name\*

Other

If other, please specify:\*

## 8 Tips for Manually Entering Case Report Data

Become familiar with these tips prior to entering case reports. When entering data, please keep these key notes in mind:

- There are **mandatory** fields marked with **red asterisks (\*)**. These fields must be completed in order to proceed. In addition to completing the mandatory fields, you are encouraged to enter as much information as possible.

Please complete the form below. All fields marked with asterisk(\*) are required.

**PATIENT INFORMATION**

Patient Information  
SARS CoV-2 Testing

Interviewer Name\*  
Select...

Affiliation/Organization\*  
Select...

- Help Icons* are available to guide Users while entering data in the fields.

Please complete the form below. All fields marked with asterisk(\*) are required.

**PATIENT INFORMATION**

Patient Information  
SARS CoV-2 Testing  
Clinical Course  
Applicable Symptoms

Interviewer Name\*  
Dr. [Select] x | v

Affiliation/Organization\*  
Test Medical Center x | v

Patient ID (MRN)\* ?

Prefix  
Select... | v

An MRN or Medical Record Number is an Organization specific, unique Identification Number assigned to a patient by a healthcare organization. If your organization does not use an MRN, you MUST create a way to uniquely identify your Patient.

- For entering address information, all States are available for selection in the *State* field dropdown menu. When you select the **state of Kentucky**, all Kentucky counties are available for selection in the *County* dropdown menu.

City [Text Box] State KY x | v

Zip Code [Text Box] County [Select...]

Phone Number [Text Box] Email Address [Text Box]

Adair  
Allen  
Anderson  
Ballard  
Barren  
Bath  
Bell

interactive HEALTHINTERACTIVE HIE /ersi

- However, when you select **any state other than Kentucky**, the system will display the message *Out of System State* and will not display counties in the *County* dropdown menu.

City  State

Zip Code  County

1. Enter dates by entering 2 digits for the month, 2 digits for the day, and 4 digits for the year.
  - You can also click the *Date* field to bring up a calendar. You can click a **date on the calendar** or use the field dropdown menus to select the month and the year.

Admission Date\*   Unknown

Discharge Date\*   Unknown

June 2021  
Su Mo Tu We Th Fr Sa  
30 31 1 2 3 4 5  
6 7 8 9 10 11 12  
13 14 15 16 17 18 19  
20 21 22 23 24 25 26  
27 28 29 30 1 2 3

this illness?\*  Unknown

death:  Unknown

- If the date is unknown, you have the option to click the **Unknown checkbox**.

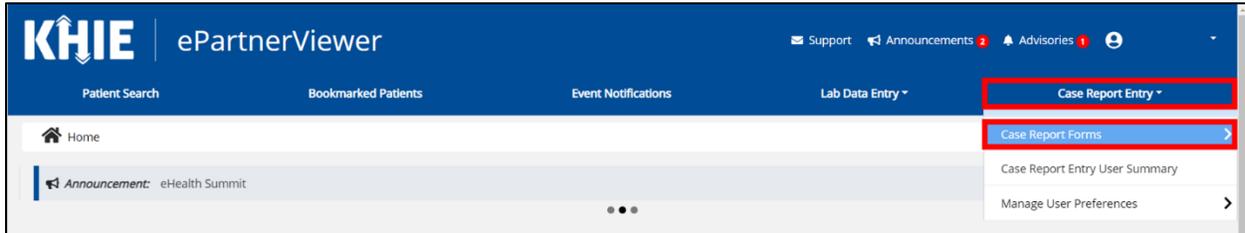
Admission Date\*   Unknown

Discharge Date\*   Unknown

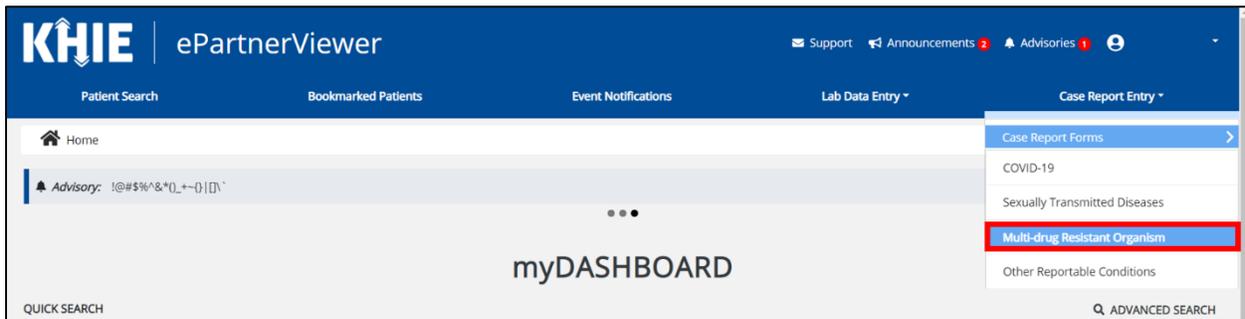
## 9 Multi-Drug Resistant Organism Case Report Form

Users with the *Manual Case Reporter* Role are authorized to access the Multi-Drug Resistant Organism (MDRO) Case Report in the ePartnerViewer.

1. To enter Multi-Drug Resistant Organism case report information, click the **Case Report Entry** Tab in the blue Navigation Bar at the top of the screen, then select **Case Report Forms** from the dropdown menu.

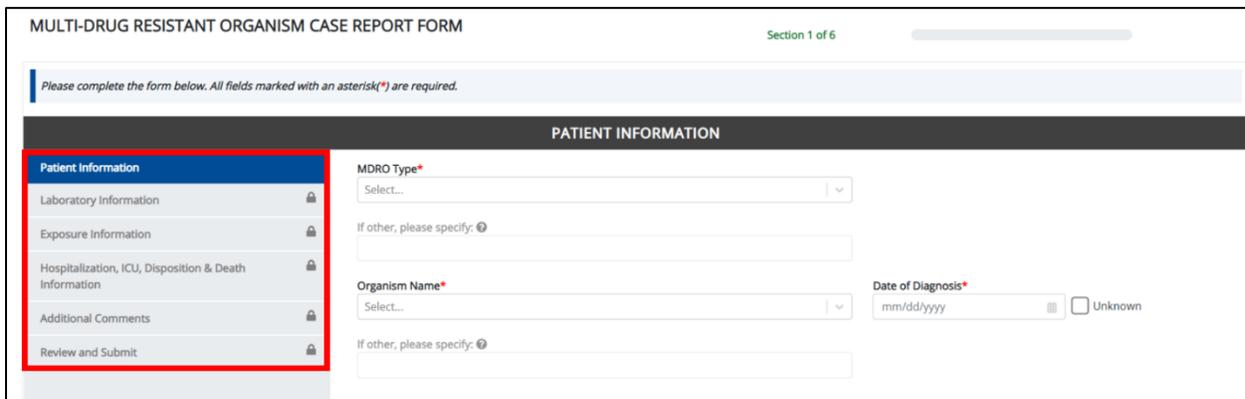


2. Select **Multi-drug Resistant Organism** from the dropdown menu.



## 10 Patient Information for MDRO Case Report

Multi-Drug Resistant Organism (MDRO) Case Report entry is a six-step process where Users enter (1) Patient Information, (2) Laboratory Information, (3) Exposure Information, (4) Hospitalization, ICU, & Death Information, and (5) Additional Comments. (6) **Review and Submit** is where Users must review the information they have entered **and** submit the MDRO Case Report.



1. To start the Multi-Drug Resistant Case entry, you must complete the mandatory fields on the **Patient Information** screen.

**Please Note:** You are required to enter the details associated with the *Person Completing Form*, the *Ordering Provider/Clinician*, and the *Attending Physician/Clinician* prior to entering Multi-Drug Resistant Organism (MDRO) case report information. If you access the MDRO Case Report without previously entering these details, the **Patient Information** screen is disabled and displays an error message.

You must click the hyperlink associated with the **Person Completing Form**, the **Ordering Provider/Clinician**, and the **Attending Physician/Clinician** located in the error message banner to navigate to the appropriate **User Preferences** screens and create the *Person Completing Form*, *Ordering Provider/Clinician*, and *Attending Physician/Clinician* before entering MDRO Case Report details.

2. Select the **MDRO Type** from the dropdown menu.

**Please Note:** Based on the **MDRO Type** selected from the dropdown menu, the subsequent *Organism Name* dropdown menu will display only the options that apply to the selected MDRO Type.

3. If applicable, select the appropriate **Organism Name** from the dropdown menu.

The screenshot shows a form with two main fields. On the left, 'Organism Name\*' is a dropdown menu with 'select...' at the top and 'Infection caused by Candida auris' selected below. On the right, 'Date of Diagnosis\*' is a date input field with 'mm/dd/yyyy' as a placeholder and a calendar icon, followed by an 'Unknown' checkbox.

**Please Note:** Based on the **MDRO Type** and **Organism Name** selected from the dropdown menus on the **Patient Information** screen, certain subsequent screens will dynamically display information that applies to the selected MDRO Type and Organism Name. This means certain screens will display only the symptoms and lab tests that apply to the selected MDRO Type and Organism Name. Once the MDRO Type and Organism Name selections are saved on the **Patient Information** screen, the subsequent dynamic screens are customized to display only the information that applies to the selected MDRO Type and Organism Name.

- If **Other** is selected as the MDRO Type, the subsequent textbox is enabled. Enter the **MDRO Type** in the subsequent textbox: *If other, please specify.*
- Additionally, if **Other** is selected as the MDRO Type, the *Organism Name* field automatically populates with **Other**, which enables the subsequent textbox. Enter the **Organism Name** in the subsequent textbox: *If other, please specify.*

The screenshot shows the 'PATIENT INFORMATION' form. At the top, 'MDRO Type' is a dropdown menu with 'Other' selected. A tooltip above it says 'Please specify MDRO type or enter 'Unknown' if the MDRO type is not known.' Below this is a red-bordered text input field labeled 'If other, please specify:'. The 'Organism Name\*' dropdown also has 'Other' selected. Below it is another red-bordered text input field labeled 'If other, please specify:'. To the right, the 'Date of Diagnosis\*' field is visible with 'mm/dd/yyyy' and an 'Unknown' checkbox.

**Please Note:** Once an **Organism Name** is selected, the *MDRO Type* field displays only the selected MDRO Type. To change the MDRO Type, click the **X** on the *Organism Name* field. This resets the *MDRO Type* dropdown menu to display all options.

MDRO Type\*  
Candida auris, colonization/screening

Organism Name\*  
Candida auris

Date of Diagnosis\*  
mm/dd/yyyy  Unknown

4. Enter the **Date of Diagnosis**.

5. If the date of diagnosis is unknown, click the **Unknown checkbox**.

Organism Name\*  
Vancomycin resistant Staphylococcus aureus

Date of Diagnosis\*  
mm/dd/yyyy  Unknown

July 2021  
Su Mo Tu We Th Fr Sa  
27 28 29 30 1 2 3  
4 5 6 7 8 9 10  
11 12 13 14 15 16 17  
18 19 20 21 22 23 24  
25 26 27 28 29 30 31

6. Select the **appropriate answer** for the conditional field: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?\*

Yes  No

Patient ID (MRN) Affiliation/Organization  
Select... Select...

Person Completing Form Affiliation/Organization If other, please specify:  
Select... Select... Select...

• Click **Yes** to apply the **same** Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?\*

Yes  No

Patient ID (MRN)\* Affiliation/Organization\*  
Select... Select...

Person Completing Form\* Affiliation/Organization\* If other, please specify:  
Select... Select... Select...

Attending Physician/Clinician\* Affiliation/Organization\* If other, please specify:  
Select... Select... Select...

- Click **No** to select a **different** Affiliation/Organization for the Patient ID (MRN), Person Completing Form, and the Attending Physician/Clinician.

- Enter the patient's **Medical Record Number (MRN)** in the *Patient ID (MRN)* field. An MRN is an organization specific, unique identification number assigned to a patient by a healthcare organization. If your organization does not use an MRN, you **MUST** create a way to uniquely identify your patient so that the patient is registered in the KHIE system.

- From the dropdown menu, select the **Affiliation/Organization** that applies to the Patient ID (MRN).

**Please Note:** If **Yes** is selected for the conditional field: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?* the same Affiliation/Organization will apply to each. The *Affiliation/Organization* field is enabled only for the Patient ID (MRN). The **Affiliation/Organization** selected for the Patient ID (MRN) will display in the disabled *Affiliation/Organization* fields for the Person Completing Form and the Attending Physician/Clinician.

9. From the dropdown menu, select the name of the **Person Completing Form**.

**Please Note:** If the appropriate name does not display in the *Person Completing Form* dropdown, you must click the **Person Completing Form hyperlink** to create details for a new Person Completing Form.

**Person Completing Form Hyperlink**

10. To create details for a new Person Completing Form, click the **Person Completing Form hyperlink**.

11. The *Person Completing Form* Pop-Up displays. Enter the details. Mandatory fields are marked with asterisks (\*).

12. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

13. Enter the **First Name** and **Last Name** of the Person Completing the Form.

First Name*	Last Name*
<input type="text"/>	<input type="text"/>

14. Enter the **Address, City, State,** and **Zip Code.**

Address 1*	Address 2 Unit, Suite, Building, etc.	
<input type="text"/>	<input type="text"/>	
City*	State*	Zip Code*
<input type="text"/>	Select... <input type="text"/>	<input type="text"/>

15. Enter the **Phone Number** and **Email Address.**

Phone*	Email*
<input type="text" value="(XXX) XXX-XXXX"/>	<input type="text" value="name@domain.com"/>

16. After completing the mandatory fields, click **Save.**

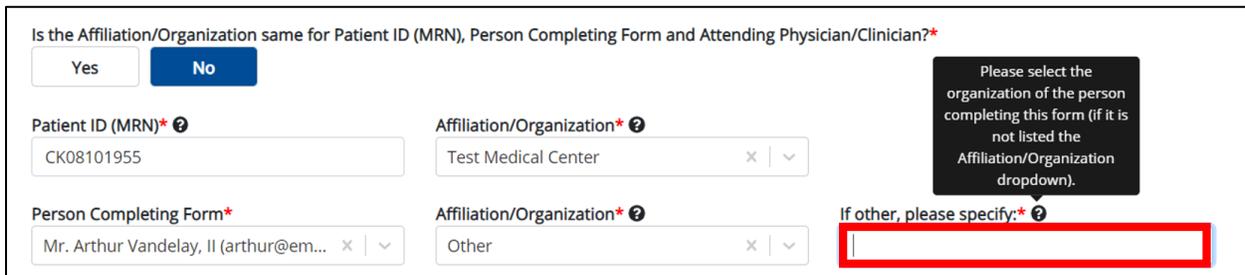
17. Once the new Person Completing Form details have been saved, the *Person Completing Form* dropdown menu is automatically updated and displays the new name of the Person Completing Form. Select the **new name of the Person Completing Form** from the dropdown menu.

Additional Information	<b>Person Completing Form*</b> Select... <input type="text"/>	Affiliation/Organization* <input type="text"/>	If other, please specify: <input type="text"/>
Treatment Information	Dr. Estelle Costanza (estelle@email.com) Mr. Arthur Vandelay, II (arthur@email.com) <b>Mr. Marty Craine, Sr (marty@email.com)</b>	Affiliation/Organization* <input type="text"/>	If other, please specify: <input type="text"/>
Additional Comments			
Review and Submit			

18. If applicable, select the **Affiliation/Organization** that applies to the person completing the form.

**Please Note:** The *Affiliation/Organization* field that applies to the Person Completing Form is only enabled if you selected **No** to the conditional question: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

- If **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter the name of the **organization associated with the person completing the form** in the subsequent textbox: *If other, please specify.*



19. Select the **Attending Physician/Clinician** from the dropdown menu.

**Please Note:** If the appropriate name does not display in the Attending Physician/Clinician dropdown menu, you must click the **Attending Physician/Clinician hyperlink** to create details for a new Attending Physician/Clinician.

### Attending Physician/Clinician Hyperlink

20. To create a new Attending Physician/Clinician, click the **Attending Physician/Clinician hyperlink**.

21. Upon clicking the **Attending Physician/Clinician hyperlink**, the *Attending Physician/Clinician Pop-Up* displays. Enter the details. Mandatory fields are marked with asterisks (\*).

22. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

23. Enter the Attending Physician/Clinician's **First Name** and **Last Name**.

24. Enter the **Address, City, State,** and **Zip Code.**

Address 1\* [Red Box] Address 2 [Red Box] Unit, Suite, Building, etc.  
City\* [Red Box] State\* [Red Box] Select... Zip Code\* [Red Box]

25. Enter the Attending Physician/Clinician’s **Phone Number** and **Email Address.**

Phone\* [Red Box] (XXX) XXX-XXXX Email\* [Red Box] name@domain.com

26. After completing the mandatory fields, click **Save.**

Manage User Preferences  
Please complete the form below to create an Attending Physician/Clinician. All fields marked with an asterisk(\*) are required.  
ATTENDING PHYSICIAN/CLINICIAN  
Prefix: Dr. | First Name\*: Fraiser | Last Name\*: Crane | Suffix: Select... | Address 1\*: 123 Cheers Street | Address 2: Unit, Suite, Building, etc. | City\*: Lexington | State\*: KY | Zip Code\*: 40123- | Phone\*: (555) 555-4321 | Email\*: fraisercrane@email.com  
[Cancel] [Save]

27. Once the new Attending Physician/Clinician details have been saved, the *Attending Physician/Clinician* dropdown menu is automatically updated and displays the new Attending Physician/Clinician. Select the **new Attending Physician/Clinician** from the dropdown menu.

Attending Physician/Clinician\* [Red Box] Select...  
Dr. Fraiser Crane (fraisercrane@email.com)  
Dr. Frank Costanza, Sr (frank@email.com)  
Ms. Helen Seinfeld (helen@email.com)  
Affiliation/Organization\* [Red Box] Select...  
Middle Name [Red Box] Last Name\* [Red Box]

28. If applicable, select the **Affiliation/Organization** that applies to the physician attending the patient.

**Please Note:** The *Affiliation/Organization* field that applies to the Attending Physician/Clinician is enabled only when you select **No** to the conditional question: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

- If **Other** is selected from the dropdown menu, the subsequent field is enabled. You must enter the name of the **organization associated with the attending physician/clinician** in the subsequent textbox: *If other, please specify.*

**Please Note:** Additional information on the Affiliation/Organization section of the **Patient Information** screen is covered in *Section 6 Affiliation/Organization Conditional Question.*

29. If available for the patient, select the **Prefix** and **Suffix** from the dropdown menus.

A screenshot of a patient information form. The 'Prefix' dropdown menu is highlighted with a red box. Below it are text input fields for 'First Name\*', 'Middle Name', and 'Last Name\*'. The 'Suffix' dropdown menu is also highlighted with a red box. To its right is a 'Date of Birth\*' field with a calendar icon and the placeholder text 'mm/dd/yyyy'.

30. Enter the patient's **First Name** and **Last Name**. If available, enter the patient's **Middle Name**.

A screenshot of the patient information form showing three text input fields: 'First Name\*', 'Middle Name', and 'Last Name\*'. Each of these fields is highlighted with a red rectangular box.

31. Enter the patient's **Date of Birth**.

A screenshot of the patient information form. The 'Date of Birth\*' field is highlighted with a red box. A calendar pop-up is displayed over the field, showing the month of July 2021. The date '23' is selected and highlighted in blue. Other fields like 'Suffix', 'Patient Sex\*', 'Race\*', 'Address 1\*', 'City\*', and 'Zip Code' are visible but not highlighted.

**Please Note:** If the patient is either under one year old or more than 100 years old, a notification pop-up will display to confirm the correct birth year has been entered or selected. You cannot proceed to the next page until updating or confirming the patient's birth year.

32. Select the **Patient Sex** from the dropdown menu.

A screenshot of the patient information form. The 'Patient Sex\*' dropdown menu is highlighted with a red box. The dropdown is open, showing the following options: 'Female', 'Male', 'Other', and 'Unknown'. Other fields like 'Ethnicity\*', 'Race\*', 'Address 2', 'State\*', and 'Zip Code' are visible in the background.

33. Select the patient's **Ethnicity** and **Race** from the appropriate field dropdown menus.

The screenshot shows a patient information form. The 'Patient Sex\*' field is set to 'Female'. The 'Ethnicity\*' dropdown menu is open and highlighted with a red box, showing 'Not Hispanic or Latino' selected. The 'Race\*' dropdown menu is also open and highlighted with a red box, showing a list of options including 'American Indian or Alaska Native', 'Asian', 'Asked but Unknown', 'Black or African American', 'Native Hawaiian or Other Pacific Islander', 'Other Race', and 'Unknown'. Other fields include 'Address 1\*', 'Address 2', 'City\*', 'State\*', 'County\*', and 'Phone\*'.

34. Enter the patient's **Street Address, City, State, Zip Code, and County.**

The screenshot shows the address section of the patient information form. The 'Address 1\*' field is highlighted with a red box. The 'Address 2' field contains the text 'Unit, Suite, Building, etc.'. The 'City\*' field is highlighted with a red box. The 'State\*' dropdown menu is highlighted with a red box and shows 'Select...'. The 'Zip Code' field is highlighted with a red box. The 'County\*' dropdown menu is highlighted with a red box and shows 'Select...'. The 'Phone\*' field contains '(XXX) XXX-XXXX' and the 'Email' field contains 'name@domain.com'.

35. Enter the patient's **Phone Number and Email Address.**

The screenshot shows the phone number and email section of the patient information form. The 'Address 1\*' field contains '123 West 81st Street'. The 'City\*' field contains 'Lexington'. The 'County\*' dropdown menu is set to 'Fayette'. The 'Phone\*' field is highlighted with a red box and contains '(XXX) XXX-XXXX'. The 'Email' field is highlighted with a red box and contains 'name@domain.com'. A tooltip is visible over the 'Phone\*' field with the text: 'Please enter patient's phone number. If patient's phone number is not available, please enter the provider's/interviewer's phone number.' The 'State\*' dropdown menu is set to 'KY' and the 'Zip Code' field contains '40123'.

36. If applicable, select the **appropriate answer** to *Is the patient currently pregnant?*

The screenshot shows the question 'Is the patient currently pregnant?\*' with three radio button options: 'Yes', 'No', and 'Unknown'. The 'Yes' option is highlighted with a red box. Below the question, there is a text input field for the due date (EDC) with the placeholder 'mm/dd/yyyy' and a calendar icon. There is also an 'Unknown' checkbox. At the bottom of the form, there are 'Save' and 'Next' buttons.

**Please Note:** The field *Is the patient currently pregnant?* is enabled only when you select **Female** from the *Patient Sex* dropdown menu on the **Patient Information** screen.

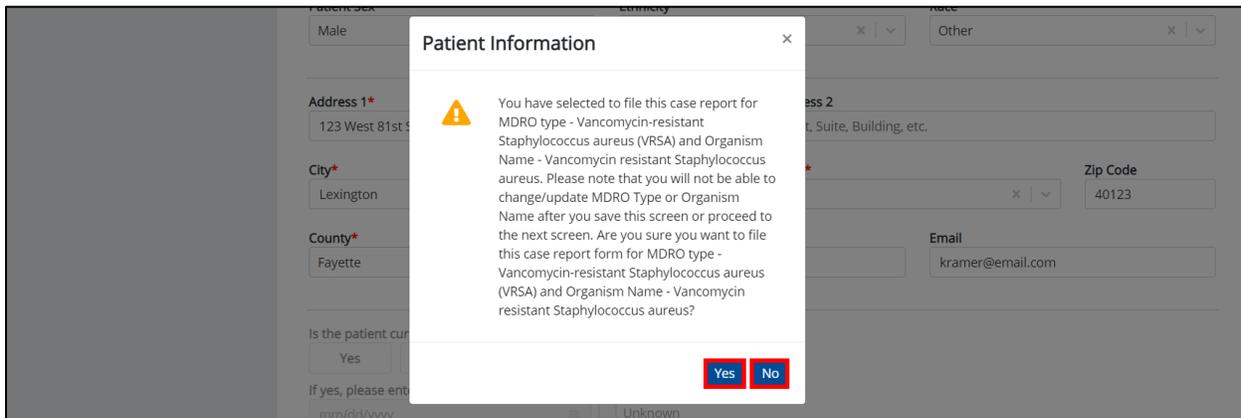
If **Yes** is selected, the subsequent field is enabled. You must enter the **estimated due date (EDC)** in the subsequent field: *If yes, please enter the due date (EDC)*. If the due date is unknown, click the **Unknown checkbox**.

37. When the **Patient Information** screen has been completed, click **Save** to save your progress or **Next** to proceed to the **Laboratory Information** screen.

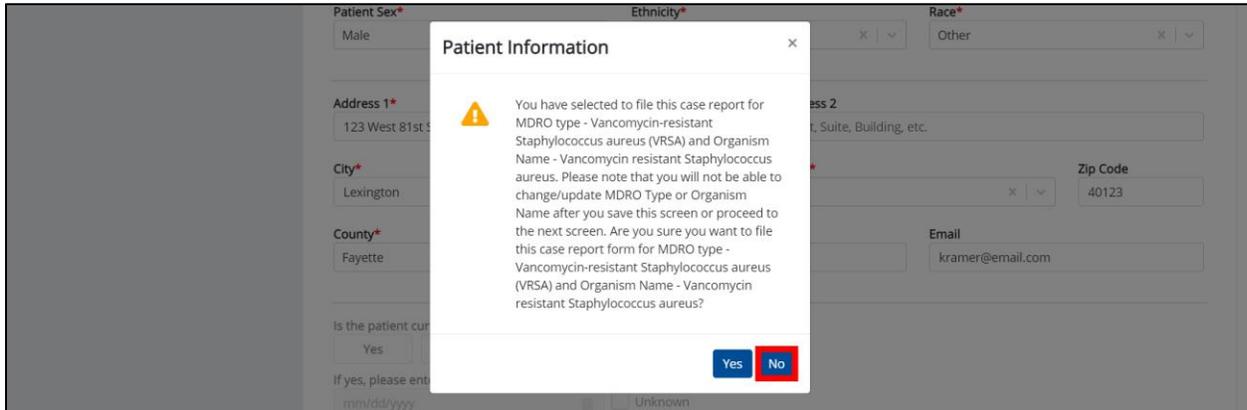


**Please Note:** Once you select the MDRO Type and Organism Name from the dropdown menus and click **Save** or **Next** at the bottom of the **Patient Information** screen, a pop-up displays with a message that states: *You have selected to file this case report for MDRO type - [selected MDRO Type] and Organism Name - [selected Organism Name]. Please note that you will not be able to change/update MDRO Type or Organism Name after you save this screen or proceed to the next screen. Are you sure you want to file this case report form for MDRO type - [selected MDRO Type] and Organism Name - [selected Organism Name]?*

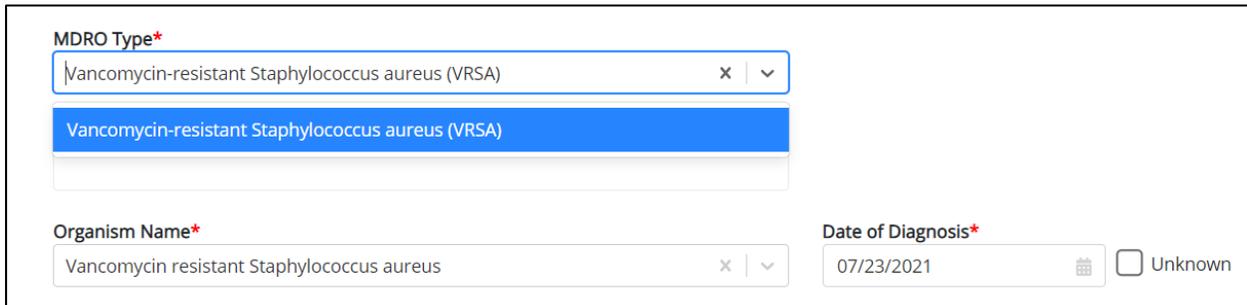
To save the selected MDRO Type and Organism Name and proceed to the **Laboratory Information** page, click **Yes**. To change the selected MDRO Type and Organism Name, click **No**.



38. To change the selected MDRO Type and Organism Name, click **No** on the MDRO Type/Organism Name Pop-Up.

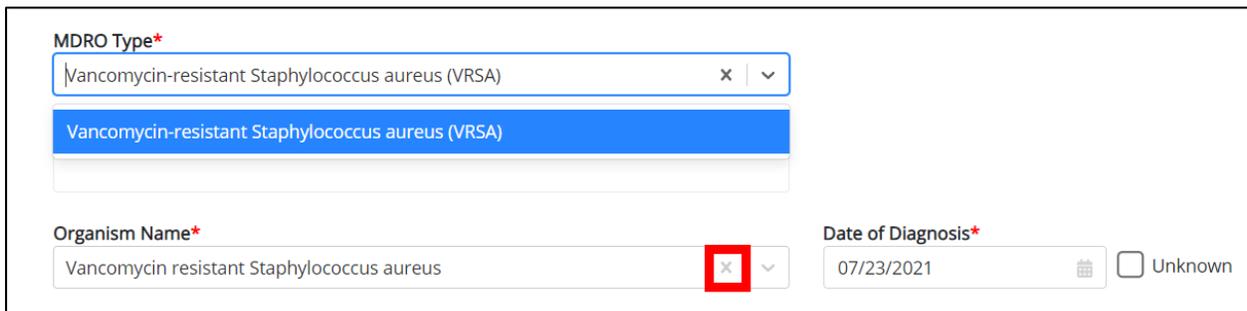


39. The *MDRO Type* and *Organism Name* dropdown menus display only the selected MDRO Type and Organism Name.



**Please Note:** Once an **Organism Name** is selected, the *MDRO Type* field displays only the selected MDRO Type.

40. If changing the **MDRO Type** selection, click the **X** on the *Organism Name* dropdown menu.



41. This resets the *MDRO Type* dropdown menu to display **all** MDRO Type options. If changing the selection, select a different **MDRO Type** from the dropdown menu.

The screenshot shows the 'PATIENT INFORMATION' screen with a red banner at the top stating 'There are errors. Please make a selection for all required fields.' The 'MDRO Type\*' dropdown menu is open, displaying a list of options including 'Vancomycin-resistant Staphylococcus aureus (VRSA)', 'Candida auris, colonization/screening', 'Carbapenem Resistant Acinetobacter baumannii (CRAB)', 'Carbapenem resistant Enterobacteriaceae (CRE)', 'Carbapenem-resistant Pseudomonas species (CRPA)', 'Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)', and 'Vancomycin-intermediate Staphylococcus aureus (VISA)'. The 'Vancomycin-resistant Staphylococcus aureus (VRSA)' option is highlighted in blue. The 'Date of Diagnosis\*' field shows '07/23/2021' and an 'Unknown' checkbox.

**Please Note:** Upon resetting the *MDRO Type* and *Organism Name* dropdown menus, a banner displays with an error message that states: *There are errors. Please make a selection for all required fields.*

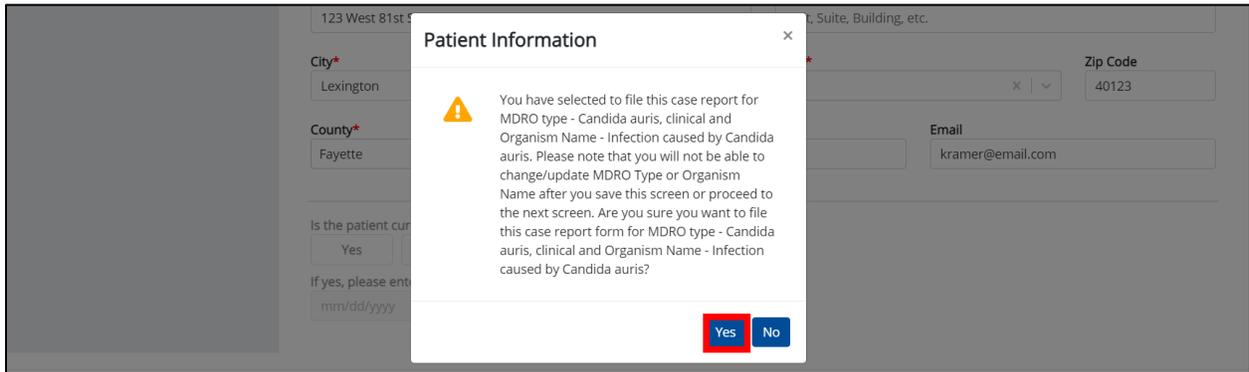
42. Select the appropriate **Organism Name** from the dropdown menu. It will display only the options that apply to the selected MDRO Type.

The screenshot shows the 'PATIENT INFORMATION' screen with the same error banner. The 'MDRO Type\*' dropdown menu is now closed and shows 'Candida auris, clinical'. Below it is a text field 'If other, please specify:'. The 'Organism Name\*' dropdown menu is open, showing 'Select...' and a red box around it. A red error message 'Please Enter Organism Name' is visible below the dropdown. The 'Date of Diagnosis\*' field shows '07/23/2021' and an 'Unknown' checkbox.

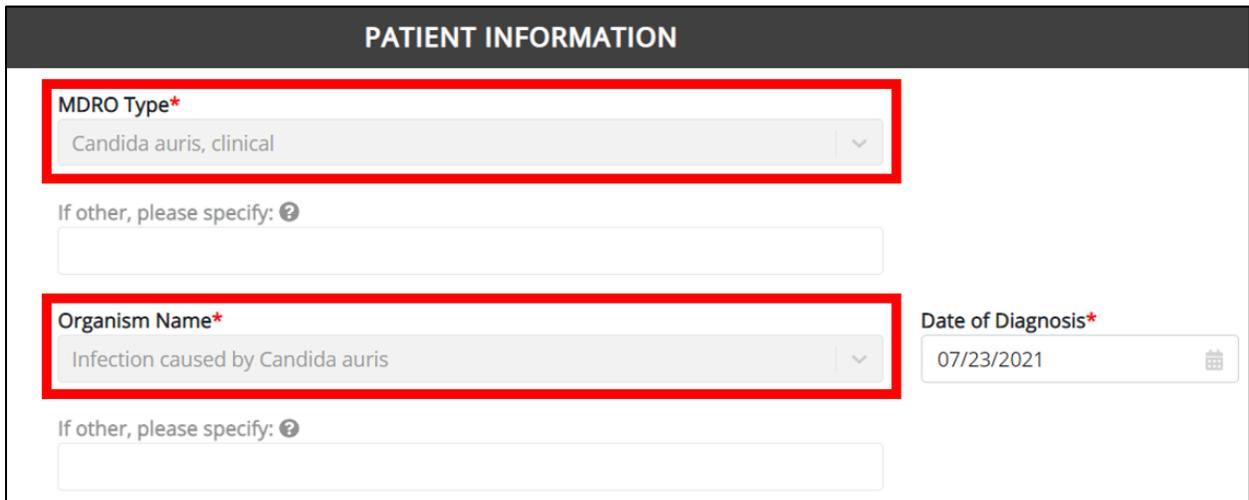
43. Once the MDRO Type and Organism Name selections have been made, click **Save** or **Next** at the bottom of the **Patient Information** screen.

The screenshot shows the bottom of the 'PATIENT INFORMATION' screen. It includes a question 'Is the patient currently pregnant?' with 'Yes', 'No', and 'Unknown' buttons. Below is a text field 'If yes, please enter the due date (EDC):' with a date input field 'mm/dd/yyyy' and an 'Unknown' checkbox. At the bottom, there are two buttons: 'Save' (highlighted with a red box) and 'Next' (highlighted with a blue box).

44. The MDRO Type/Organism Name Pop-Up displays to confirm the change in MDRO Type and Organism Name. To save the selected MDRO Type and Organism Name, click **Yes**.

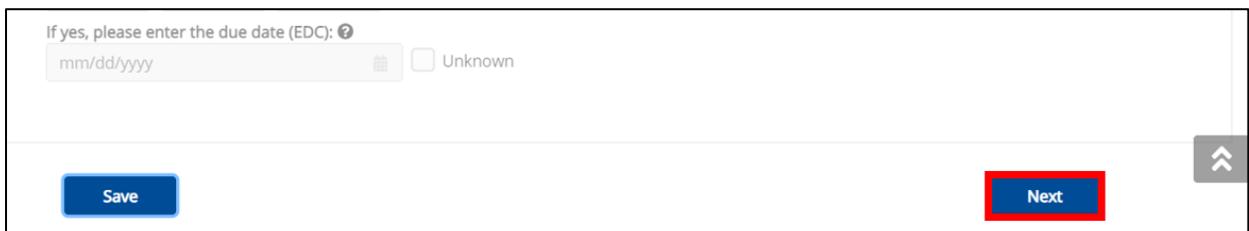


45. Upon clicking **Yes** to save the selections, the *MDRO Type* and Organism Name fields are disabled and display the selected MDRO Type and Organism Name. You can no longer change the selected MDRO Type and Organism Name.



**Please Note:** Once the MDRO Type and Organism Name selections are saved on the **Patient Information** screen, the subsequent dynamic screens are customized to display only the information that applies to the selected MDRO Type/Organism Name.

46. Click **Next** to proceed to the **Laboratory Information** screen.



## 11 Laboratory Information

1. On the **Laboratory Information** screen, select the **appropriate answer** for the conditional question at the top: *Does the patient have a lab test?*

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM Section 2 of 6

Please provide laboratory information related to this case.

### LABORATORY INFORMATION

Patient Information ✔

**Laboratory Information**

Exposure Information 🔒

Hospitalization, ICU, Disposition & Death Information 🔒

Additional Comments 🔒

Review and Submit 🔒

**Does the patient have a lab test?\***

Yes  No  Unknown

Laboratory Information

Laboratory Name

Ordering Provider/Clinician

Test Name

If other, please specify:

Filler Order/Accession Number

Specimen Source

2. If **Yes** is selected, the subsequent lab-related fields on the screen are enabled. You must enter details for a lab test.

### LABORATORY INFORMATION

Patient Information ✔

**Laboratory Information**

Exposure Information 🔒

Hospitalization, ICU, Disposition & Death Information 🔒

Additional Comments 🔒

Review and Submit 🔒

**Does the patient have a lab test?\***

Yes  No  Unknown

Laboratory Information

**Laboratory Name\***

**Ordering Provider/Clinician\***

**Test Name\***

If other, please specify:

**Filler Order/Accession Number**

**Specimen Source\***

If other, please specify:

**Test Result\***

If other, please specify:

**Please Note:** If **No** or **Unknown** is selected for the conditional question at the top of the **Laboratory Information** screen, the lab-related fields on the screen are disabled.

**Please Note:** There are two questions that are **not** impacted by the conditional question at the top of the **Laboratory Information** screen: *Does the patient have a lab test?*

Regardless of the answer to the conditional question, the following fields are enabled:

- *Is this part of an outbreak?*
- *Was the organism previously identified?*

The screenshot shows a form with two questions, each with radio button options for Yes, No, and Unknown. The first question is "Is this part of an outbreak?\*" and the second is "Was the organism previously identified?\*" Below the second question is a date field with a calendar icon and an "Unknown" checkbox. At the bottom of the form are "Save", "Previous", and "Next" buttons.

3. Enter the **Laboratory Name** in the textbox.

The screenshot shows the "Laboratory Information" section of the form. The "Laboratory Name\*" field is highlighted with a red box.

4. Select the **Ordering Provider/Clinician** from the dropdown menu.

The screenshot shows the "Ordering Provider/Clinician\*" dropdown menu. The dropdown is open, showing a list of providers: "Dr. Elaine Benes (elaine@email.com)" and "Mr. John Peterman (j.peterman@email.com)". The dropdown list is highlighted with a red box.

**Please Note:** If the appropriate name does not display in the Ordering Provider/Clinician dropdown, you must click the **Ordering Provider/Clinician hyperlink** to create details for a new Ordering Provider/Clinician.

**Ordering Provider/Clinician Hyperlink**

- To create a new Ordering Provider/Clinician, click the **Ordering Provider/Clinician hyperlink**.

- Upon clicking the **Ordering Provider/Clinician hyperlink**, the *Ordering Provider/Clinician Pop-Up* displays. Enter the details. Mandatory fields are marked with asterisks (\*).
- If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

- Enter the Ordering Provider/Clinician's **First Name** and **Last Name**.

- Enter the **Address, City, State,** and **Zip Code**.

10. Enter the Provider/Clinician's **Phone Number** and **Email Address**.

11. After completing the mandatory fields, click **Save**.

12. Once the new Ordering Provider/Clinician details have been saved, the *Ordering Provider/Clinician* dropdown menu is automatically updated and displays the new Ordering Provider/Clinician. Select the **new Ordering Provider/Clinician** from the dropdown menu.

13. Select the appropriate **Test Name** from the dropdown menu.

**Please Note:** The *Test Name* dropdown menu displays only the test name options that apply to the MDRO Type selected on the **Patient Information** screen.

- If **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter the **test name** in the subsequent textbox: *If other, please specify*.

14. Enter the **Filler Order Number**.

**Please Note:** The Filler Order Number or Lab Accession Number is typically utilized by laboratories and generally refers to the number assigned to a lab sample when it is checked in. If your organization does not log the receipt of specimens, you should create a system to uniquely track the specimen when you check it in.

15. Select the **Specimen Source** from the dropdown menu.

- If **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter the **specimen name** in the subsequent textbox: *If other, please specify.*

16. Select the **Test Result** from the dropdown menu.

- If **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter **test result information** in the subsequent textbox: *If other, please specify.*

- If **Pending** is selected from the dropdown menu, the subsequent field is disabled: *Test Result Date.*

17. If applicable, enter the **Test Result Date**.

18. Enter the **Specimen Collection Date**.

**Please Note:** The Specimen Collection Date cannot occur **after** the Test Result Date. The Specimen Collection Date must occur on the **same date** or any date **BEFORE** the Test Result Date. If you enter a Specimen Collection Date that occurs **after** the Test Result Date, both fields are marked as invalid.

If you click **Next**, the **Laboratory Information** screen displays an error banner with message that states: *There are errors. Please make a selection for all required fields.*

To proceed, you must enter a valid Specimen Collection Date that occurs **on** or **before** the Test Result Date.

19. Select the **Type of Culture** from the dropdown menu.

The screenshot shows a dropdown menu titled "Type of Culture" with options: "Select...", "Clinical", and "Surveillance". The "Clinical" option is highlighted. To the right, a text input field is partially visible with the label "ollection\*". Below the dropdown, there is a link: "If other, please specify: ?".

20. Select the **Location of the patient at the time of specimen collection** from the dropdown menu.

The screenshot shows a dropdown menu titled "Location of the patient at the time of specimen collection\*" with options: "Select...", "Acute Care hospital (inpatient)", "Critical Access Hospital (inpatient)", "ED/Urgent Care", "Home (Home Health)", "Long-term acute care hospital", "Other healthcare setting", and "Outpatient laboratory". The "Other healthcare setting" option is highlighted. To the right, there is a "Facility County\*" dropdown menu with "Select..." and a text input field.

- If **Other healthcare setting** is selected from the dropdown menu, the subsequent field is enabled. Enter the **location of the patient at the time of specimen collection** in the subsequent textbox: *If other, please specify.*

The screenshot shows the "Location of the patient at the time of specimen collection\*" dropdown menu with "Other healthcare setting" selected. Below it is the "If other, please specify:\* ?" field, which is highlighted with a red box. To the right, there is a "Facility Name/Location\*" text input field and a "Facility County\*" dropdown menu with "Select...".

21. Enter the **Facility Name/Location** in the textbox.

The screenshot shows the "Facility Name/Location\*" text input field, which is highlighted with a red box. A tooltip is displayed over the field with the text: "Please enter the name of the facility where the patient was staying at the time of specimen collection or enter 'Unknown' if the facility name is not available." To the right, there is a "Facility County\*" dropdown menu with "Select...".

22. Select the **Facility County** from the dropdown menu.

23. In the *Additional Information* textbox, enter **additional notes about the lab test**, if applicable.

### Adding Multiple Tests

24. You can also click **Add Test** to log the details for multiple lab tests. This means that you can easily enter additional lab test results on the same patient.

- To delete an additional lab test, click the **Trash Bin Icon** located at the top right.

Laboratory Information

Laboratory Name\*

Ordering Provider/Clinician\*

Test Name\*

Filler Order/Accession Number

Specimen Source\*

Test Result\*

Test Result Date

Specimen Collection Date\*

25. After entering laboratory information, select the **appropriate answer** for the field: *Is this part of an outbreak?*

Is this part of an outbreak?\*

Yes No Unknown

If yes, please specify the name of the outbreak: ?

- If **Yes** is selected, the subsequent field is enabled. Enter the **name of the outbreak** in the subsequent textbox: *If other, please specify the name of the outbreak.*

Is this part of an outbreak?\*

Yes No Unknown

Please enter 'Unknown' if the details of outbreak is not available

If yes, please specify the name of the outbreak: ?

26. Select the **appropriate answer** for the field: *Was the organism previously identified?*

Was the organism previously identified?\*

Yes No Unknown

If yes, please provide the date:

mm/dd/yyyy

- If **Yes** is selected, the subsequent field is enabled. Enter the **date that the organism was previously identified**.
- If the onset date is unknown, click the **Unknown checkbox**.

Was the organism previously identified?\*

If yes, please provide the date:\*

Unknown

27. Once the **Laboratory Information** screen is complete, click **Next** to proceed to the **Exposure Information** screen.

Facility Name/Location\*  Facility County\*

Additional Information

25/300 Characters

+ Add Test

Is this part of an outbreak?\*

If yes, please specify the name of the outbreak:

Was the organism previously identified?\*

If yes, please provide the date:\*

Unknown

## 12 Exposure Information

1. On the **Exposure Information** screen, select the **appropriate answer** for the conditional question at the top: *Did the patient have any of the following exposures?*

2. If **Yes** is selected for the conditional question, the subsequent fields on the screen are enabled.

**Please Note:** If **No** is selected for the conditional question, the subsequent fields are disabled and marked as **No**.

If **Unknown** is selected for the conditional question, the subsequent fields are disabled and marked as **Unknown**.

3. If the patient has had any exposures, select the **appropriate answer** for the field: *International travel within the last 12 months.*

- If **Yes** is selected for the *International travel* field, the subsequent field is enabled. From the multi-select dropdown menu, select the **country or countries the patient has traveled.**

4. Select the **appropriate answer** for the field: *International healthcare within the last 12 months.*

- If **Yes** is selected for the *International healthcare* field, then the subsequent field is enabled. From the multi-select dropdown menu, select the **country or countries that the patient received healthcare.**

5. Select the **appropriate answer** for the field: *International hospitalization within the last 12 months.*

International hospitalization within the last 12 months\*

Yes  No  Unknown

If yes, please specify country(s): ?

Select... ▼

- If **Yes** is selected for the *International hospitalization* field, then the subsequent field is enabled. From the multi-select dropdown menu, select the **country or countries that the patient was hospitalized.**

International hospitalization within the last 12 months\*

Yes  No  Unknown

If yes, please specify country(s):\* ?

Select... ▼

Please select 'Unknown' if the country in which the patient was hospitalized is not known.

6. Once complete, click **Next** to proceed to the **Hospitalization, ICU, Disposition & Death Information** screen.

**EXPOSURE INFORMATION**

Patient Information ✓

Laboratory Information ✓

**Exposure Information**

Hospitalization, ICU, Disposition & Death Information 🔒

Additional Comments 🔒

Review and Submit 🔒

Did the patient have any of the following exposures:\*

Yes  No  Unknown

International travel within the last 12 months\*

Yes  No  Unknown

If yes, please specify country(s):\* ?

BAHAMAS, THE x CAYMAN ISLANDS x × ▼

International healthcare within the last 12 months\*

Yes  No  Unknown

If yes, please specify country(s):\* ?

BAHAMAS, THE x × ▼

International hospitalization within the last 12 months\*

Yes  No  Unknown

If yes, please specify country(s): ?

Select... ▼

Save Previous **Next**

### 13 Hospitalization, ICU, Disposition & Death Information

1. On the **Hospitalization, ICU, Disposition & Death Information** screen, select the **appropriate answer** for the conditional question at the top: *Was the patient hospitalized at the time of specimen collection?*

- If **Yes** is selected for the conditional question, the subsequent hospitalization-related fields and ICU-related fields on the screen are enabled.

**Please Note:** If **No** or **Unknown** is selected for the conditional question, all subsequent hospitalization-related and ICU-related fields are disabled.

Death-related questions are not impacted by the selected answer for the conditional question: *Was the patient hospitalized at the time of specimen collection?*

Additionally, the field *Was the patient previously hospitalized at your facility within the last 6 months?* is not impacted by the selected answer for the conditional question.

2. If the patient has been hospitalized, enter the **name of the hospital where the patient is/was hospitalized** in the textbox: *If yes, please specify the hospital name.*

3. Select the **type of facility** from the dropdown menu: *If hospitalized, please specify the type of facility that the patient was admitted from.*

- If **Home** is selected as the type of facility, the subsequent *Facility Name* textbox is disabled.

- 4. If **Long Term Care Facility**, **Other Health Care Facility**, or **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter the **name of the facility that the patient was admitted from** in the subsequent textbox: *Facility Name*.

- 5. Enter the **Admission Date**.
- 6. If applicable, enter the **Discharge Date**.

**Please Note:** The Admission Date **cannot** occur *after* the Discharge Date. The Admission Date must occur on the **same date** or any date **BEFORE** the Discharge Date. If you enter an Admission Date that occurs after the Discharge Date and click **Next**, both fields are marked as invalid and an error banner displays with a message that states:

*There are errors. Please make a selection for all required fields.*

To proceed, you must enter a valid Discharge Date that occurs **on** or **after** the Admission Date.

- If the patient has not been discharged, click the **Still Hospitalized Checkbox**.
- If the patient is deceased, click the **Expired Checkbox**.

Admission Date\* 07/26/2021  Unknown Discharge Date\* mm/dd/yyyy  Unknown  Still hospitalized  Expired

- If the patient is deceased, the subsequent field is enabled. Enter the **Date of Death**. If the date of death is unknown, click the **Unknown Checkbox**.

Still hospitalized  Expired  
If expired, please provide the date of death:  
Date of Death\* mm/dd/yyyy  Unknown  
July 2021  
Su Mo Tu We Th Fr Sa  
27 28 29 30 1 2 3  
4 5 6 7 8 9 10  
11 12 13 14 15 16 17  
18 19 20 21 22 23 24  
25 26 27 28 29 30 31  
City/location where the patient has been discharged to:  
of the patient's MDRO?  
Unknown

7. Upon entering the **Discharge Date**, the subsequent field is enabled. Select the **type of location** from the subsequent dropdown menu: *If discharged, please specify the location.*

Admission Date\* 07/26/2021  Unknown Discharge Date\* 07/26/2021  Unknown  Still hospitalized  Expired  
If expired, please provide the date of death:  
Date of Death mm/dd/yyyy  Unknown  
If discharged, please specify the location:\*  
Select...  
Home  
Long Term Care Facility  
Other Health Care Facility  
Other

- If **Home** is selected as the facility type, the subsequent *Facility Name* field is disabled.

If discharged, please specify the location:\* Home  
Please specify the name of the facility/location where the patient has been discharged to:

- 8. If **Long Term Care Facility**, **Other Health Care Facility**, or **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter the **name of the facility that the patient was admitted from** in the subsequent textbox: *Facility Name*.

- 9. Select the **appropriate answer** for *Was the receiving facility notified of the patient's MDRO?*

- 10. Select the **appropriate answer** for *Was the patient admitted to an intensive care unit (ICU)?*

- If **Yes** is selected, the subsequent *Admission Date to ICU* and *Discharge Date from ICU* fields are enabled. Enter the **Admission Date to ICU** and the **Discharge Date from ICU**.

- 11. Select the **appropriate answer** for *Was the patient previously hospitalized at your facility within the last 6 months?*

- If **Yes** is selected, the subsequent fields are enabled. Enter the **name of your facility where the patient is/was hospitalized within the last 6 months** in the subsequent textbox: *If yes, please specify the hospital name.*

12. If the patient has been hospitalized at your facility within the last 6 months, enter the **Admission Date** and **Discharge Date**.

If yes, please provide admission and discharge dates:

<b>Admission Date*</b> mm/dd/yyyy <input type="checkbox"/> Unknown	<b>Discharge Date*</b> mm/dd/yyyy <input type="checkbox"/> Unknown
---	---

**Please Note:** All subsequent fields are disabled if **No** or **Unknown** is selected for the field: *Was the patient previously hospitalized at your facility within the last 6 months?*

Was the patient previously hospitalized at your facility within the last 6 months?\*

Yes  No  Unknown

If yes, please specify the hospital name:

If yes, please provide admission and discharge dates:

<b>Admission Date</b> mm/dd/yyyy <input type="checkbox"/> Unknown	<b>Discharge Date</b> mm/dd/yyyy <input type="checkbox"/> Unknown
--	--

### Adding Multiple Hospitalization Dates

13. If the patient has been hospitalized at your facility multiple times within the last 6 months, you can click **Add Additional Hospitalization Date** to log the dates for multiple hospitalizations.

Was the patient previously hospitalized at your facility within the last 6 months?\*

Yes  No  Unknown

If yes, please specify the hospital name:

If yes, please provide admission and discharge dates:

<b>Admission Date*</b> mm/dd/yyyy <input checked="" type="checkbox"/> Unknown	<b>Discharge Date*</b> 04/01/2021 <input type="checkbox"/> Unknown
--	---

14. If applicable, enter the **Admission Date** and **Discharge Date** of the additional hospitalization.

Was the patient previously hospitalized at your facility within the last 6 months?\*

If yes, please specify the hospital name: \* ?

Test Hospital

If yes, please provide admission and discharge dates:

Admission Date\*   Unknown

Discharge Date\*    Unknown

Admission Date\*   Unknown

Discharge Date\*   Unknown

• To delete an additional hospitalization date, click the **Trash Bin Icon** located at the top right.

If yes, please provide admission and discharge dates:

Admission Date\*   Unknown

Discharge Date\*    Unknown

Admission Date\*   Unknown

Discharge Date\*    Unknown

15. Once complete, click **Next** to proceed to the **Additional Comments** screen.

If yes, please specify the hospital name: \* ?

Test Hospital

If yes, please provide admission and discharge dates:

Admission Date\*   Unknown

Discharge Date\*    Unknown

Admission Date\*   Unknown

Discharge Date\*    Unknown

## 14 Additional Comments for MDRO Case Report

1. On the **Additional Comments** screen, if applicable, enter **additional notes about the patient**.
2. Once complete, click **Next** to proceed to the **Review & Submit** screen.

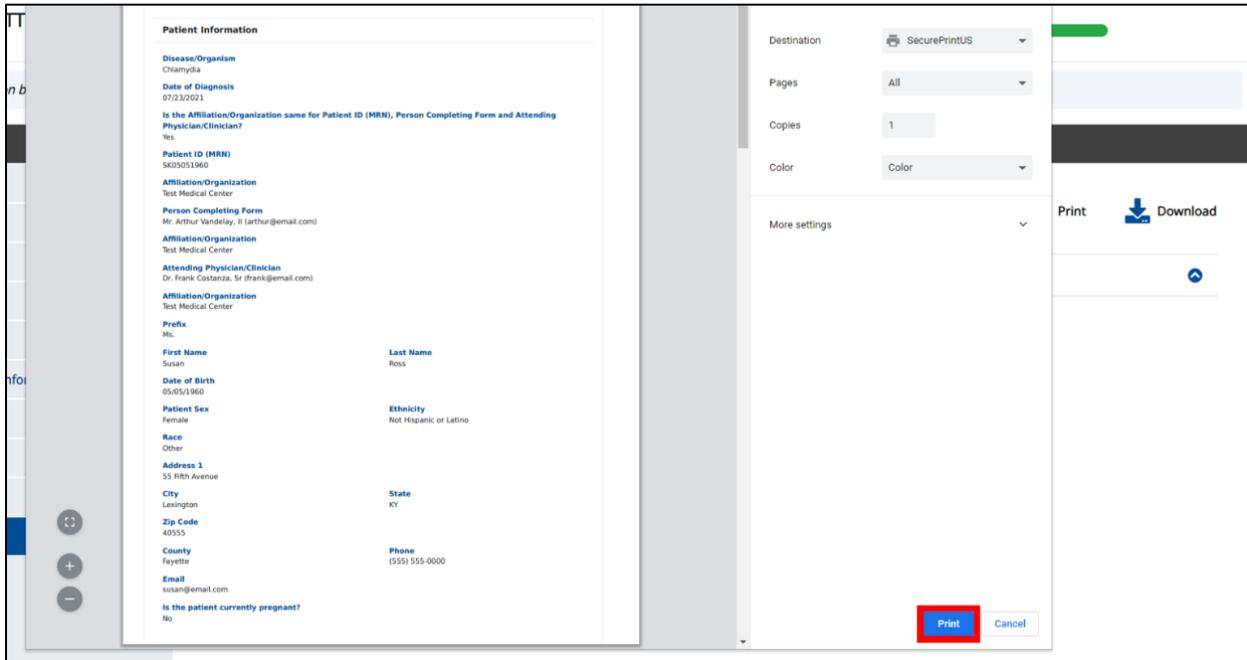
## 15 Review and Submit

The **Review and Submit** screen displays a summary of the information you have entered. Prior to submitting the case report entry, review the information on this screen to verify its accuracy. You must click **Submit** to submit the case report.

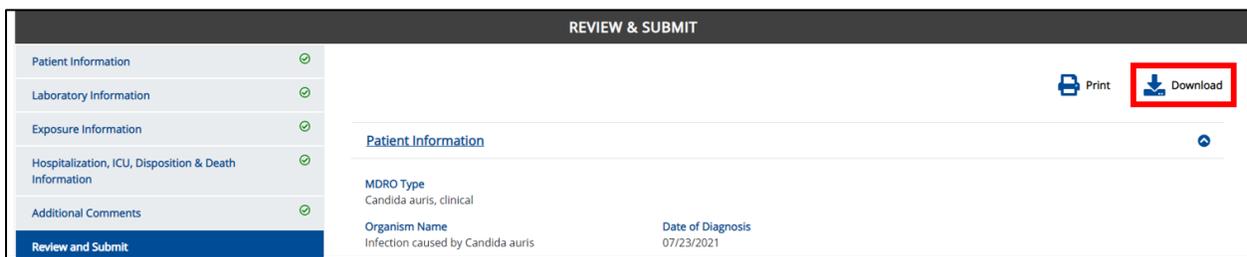
### Print or Download Functionality

1. Click **Print** to print the case report.

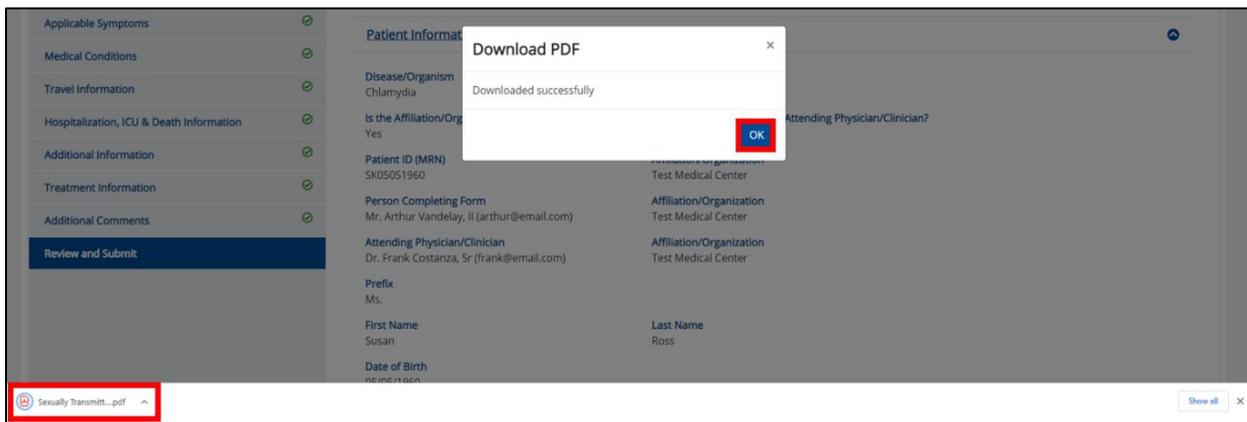
- Upon clicking **Print**, a *Print Preview* pop-up will display. Click **Print** to print the case report.



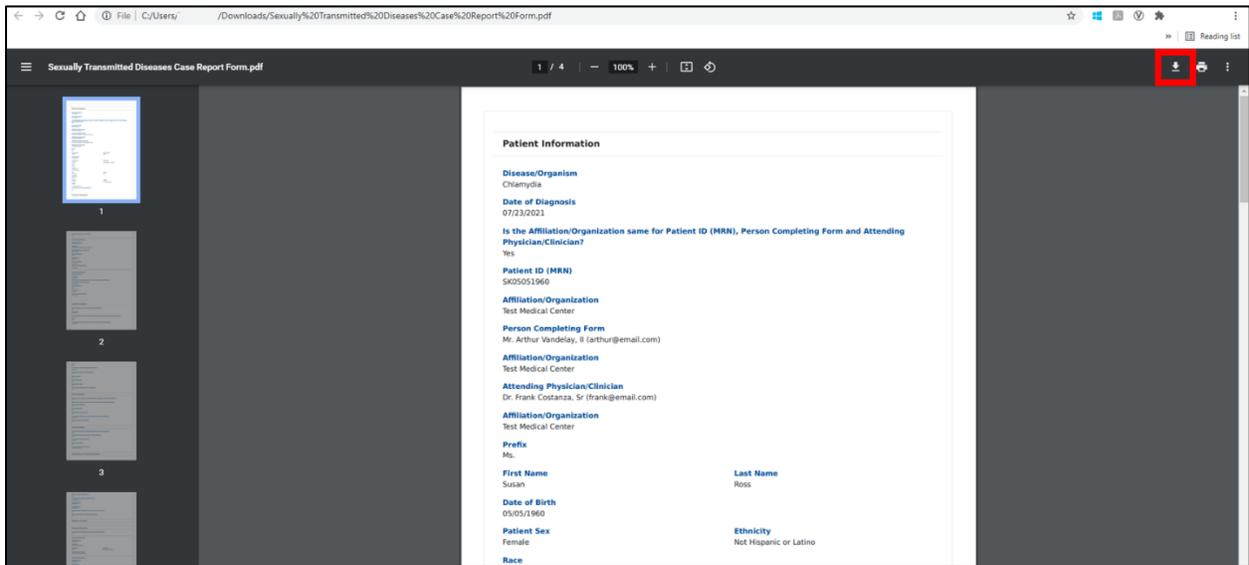
2. Click **Download** to download a PDF version of the case report.



- Once the download is complete, a pop-up will display. Click **OK** to close out of the pop-up.
- To view the downloaded case report, click the **PDF** icon at the bottom left.



- A PDF of the case report will display in a separate tab. Click the **Download Icon** at the top right to download a PDF version of the case report to your computer.
3. Review the Information.



- Click the **caret icon** on any section header to hide or display the details for that section.



4. Review the *Patient Information* section.

Exposure Information <span style="float: right;">✔</span> Hospitalization, ICU, Disposition & Death Information <span style="float: right;">✔</span> Additional Comments <span style="float: right;">✔</span> <b>Review and Submit</b>	<p><b>Patient Information</b></p> <p><b>MDRO Type</b> Candida auris, clinical</p> <p><b>Organism Name</b> Infection caused by Candida auris</p> <p><b>Date of Diagnosis</b> 07/23/2021</p> <p>Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician? No</p> <p><b>Patient ID (MRN)</b> CK08101955</p> <p><b>Affiliation/Organization</b> Test Medical Center</p> <p><b>Person Completing Form</b> Mr. Arthur Vandelay, II (arthur@email.com)</p> <p><b>Affiliation/Organization</b> Other</p> <p><b>If other, please specify:</b> Test Hospital</p> <p><b>Attending Physician/Clinician</b> Dr. Frank Costanza, Sr (frank@email.com)</p> <p><b>Affiliation/Organization</b> Test Medical Center</p> <p><b>First Name</b> Cosmo</p> <p><b>Middle Name</b> Newman</p> <p><b>Last Name</b> Kramer</p> <p><b>Suffix</b> III</p> <p><b>Date of Birth</b> 08/10/1955</p> <p><b>Patient Sex</b> Male</p> <p><b>Ethnicity</b> Not Hispanic or Latino</p> <p><b>Race</b> Other</p> <p><b>Address 1</b> 123 West 81st Street</p> <p><b>City</b> Lexington</p> <p><b>State</b> KY</p> <p><b>Zip Code</b> 40123</p> <p><b>County</b> Fayette</p> <p><b>Phone</b> (555) 123-1230</p> <p><b>Email</b> kramer@email.com</p>
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5. Review the *Laboratory Information* section.

<p><b>Laboratory Information</b></p> <p>Does the patient have a lab test? Yes</p> <hr/> <p><b>Laboratory Name</b> Test Laboratory</p> <p><b>Ordering Provider/Clinician</b> Dr. Elaine Benes (elaine@email.com)</p> <p><b>Test Name</b> Candida auris DNA</p> <p><b>Filler Order/Accession Number</b> CK20210726</p> <p><b>Specimen Source</b> Blood</p> <p><b>Test Result</b> Positive</p> <p><b>Test Result Date</b> 07/26/2021</p> <p><b>Specimen Collection Date</b> 07/26/2021</p> <p><b>Type of Culture</b> Clinical</p> <p><b>Location of the patient at the time of specimen collection</b> Outpatient laboratory</p> <p><b>Facility Name/Location</b> Outpatient Diagnostics</p> <p><b>Facility County</b> Fayette</p> <p><b>Additional Information</b> Lab Test Result Notes</p>	
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6. Review the *Exposure Information* section.

Exposure Information

Did the patient have any of the following exposures:  
Yes

International travel within the last 12 months  
Yes

If yes, please specify country(s):  
BAHAMAS, THE , CAYMAN ISLANDS

International healthcare within the last 12 months  
Yes

If yes, please specify country(s):  
BAHAMAS, THE

International hospitalization within the last 12 months  
No

7. Review the *Hospitalization, ICU, Disposition & Death Information* section.

Hospitalization, ICU, Disposition & Death Information

Was the patient hospitalized at time of specimen collection?  
Yes

If yes, please specify the hospital name:  
Test Hospital

If hospitalized, please specify the type of facility that the patient was admitted from:  
Home

Admission Date	Discharge Date
07/26/2021	07/26/2021

If discharged, please specify the location:  
Other Health Care Facility

Please specify the name of the facility/location where the patient has been discharged to:  
Test Facility

Was the receiving facility notified of the patient's MDRO?  
Yes

Was the patient admitted to an intensive care unit (ICU)?  
No

Was the patient previously hospitalized at your facility within the last 6 months?  
Yes

If yes, please specify the hospital name:  
Test Hospital

If yes, please provide admission and discharge dates:

Admission Date	Discharge Date
Unknown	04/01/2021

Admission Date	Discharge Date
06/15/2021	06/16/2021

8. If applicable, review the *Additional Comments* section.

Additional Comments

Additional comments or notes, please specify:  
Patient Notes

9. Review the *Additional Comments* section.

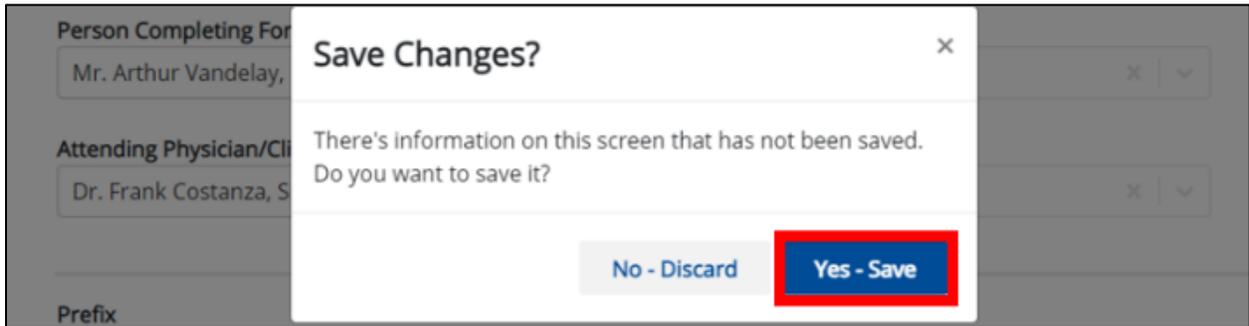
**Click Hyperlinks to Edit**

10. If after reviewing, changes are required, click the corresponding **section header hyperlink** or the **side navigation bar tab** to navigate to the appropriate screen or section to edit the information.

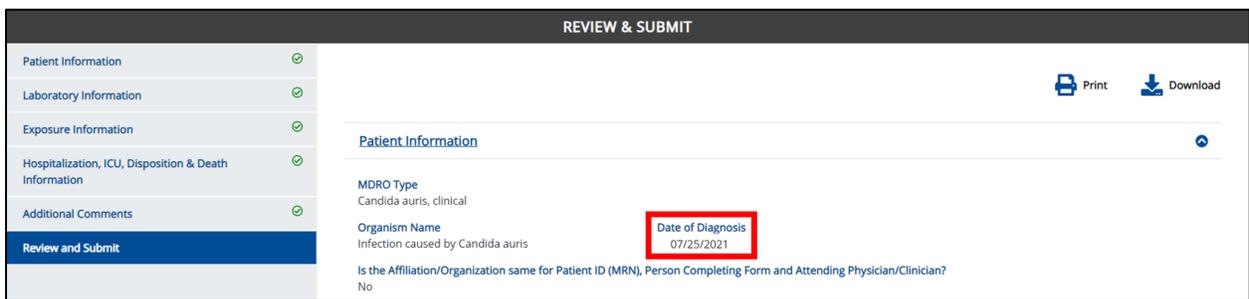
- Click the **section header hyperlink** or the **side navigation bar tab** to navigate to the intended page. For example, to navigate to the **Patient Information** screen, click the **Patient Information hyperlink** in the section header or on the side navigation bar.

11. Once the appropriate edits have been made, click the **Review and Submit tab** on the side navigation bar to navigate back to the **Review and Submit** screen.

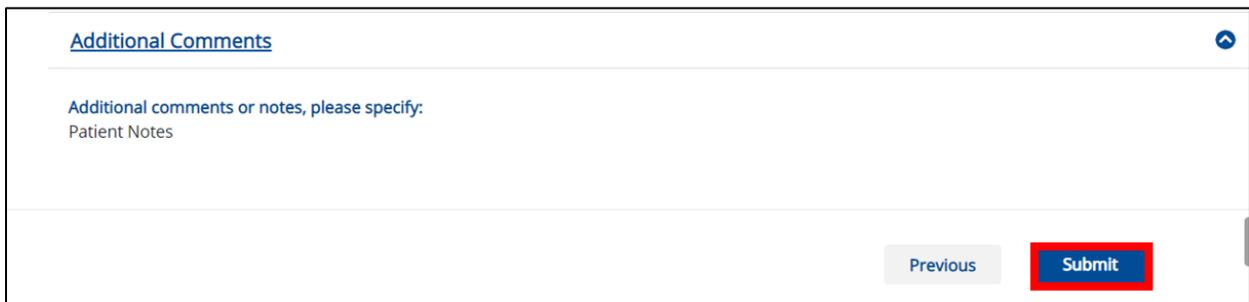
12. The *Save Changes* pop-up displays. To save the edits and navigate back to the **Review and Submit** screen, click **Yes – Save**. To discard the edits, click **No – Discard**.



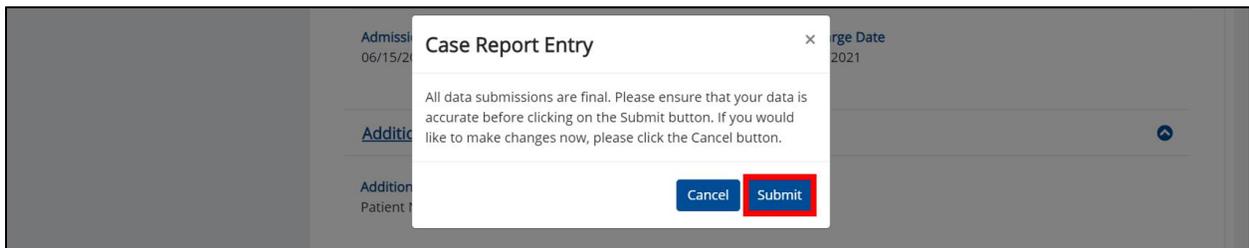
13. Review your edits on the **Review and Submit** screen.



14. After verifying the information is accurate and/or the appropriate changes have been made, you must click **Submit** to submit the MDRO Case Report Entry.

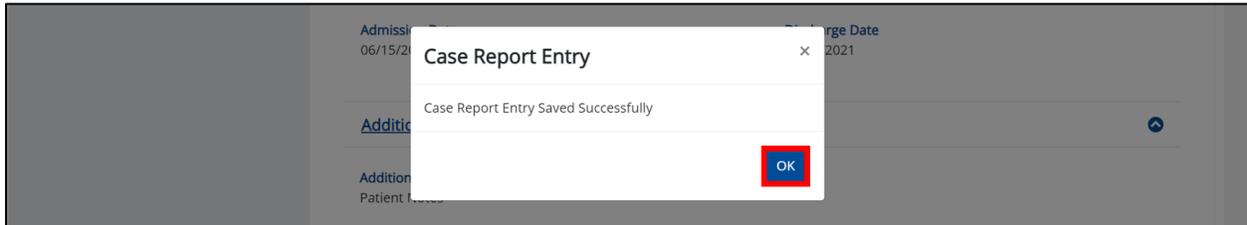


- All case report submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the MDRO Case Report or click **Submit** to submit the report.



**Please Note:** Once a case report has been submitted, it is final. Should you later discover that you have entered inaccurate information, please use the **Support Tab** in the ePartnerViewer to report this information.

15. Click **OK** to acknowledge the case report has been submitted successfully.



**Please Note:** Clicking **OK** when the case report entry has been submitted successfully will automatically navigate you to the **Case Report Entry User Summary** screen.

**Congratulations! You have submitted the Multi-Drug Resistant Organism (MDRO) Case Report using KHIE's Direct Lab Data Entry Functionality.**

Please visit the KHIE website at <https://khie.ky.gov/COVID-19/Pages/Electronic-Case-Reporting-.aspx> to access additional training resources and find information on reporting requirements from the Kentucky Department for Public Health.

## 16 Case Report User Entry Summary

The **Case Report Entry User Summary** screen displays all submitted and in-progress case reports you have entered. By default, the **Case Report Entry User Summary** screen displays the case reports from the last updated date. You can use the Date Range buttons to do a custom search for previous case reports entered within the last 6 months.

The screenshot shows the 'CASE REPORT ENTRY USER SUMMARY' interface. At the top, there are navigation links for Patient Search, Bookmarked Patients, Event Notifications, Lab Data Entry, and Case Report Entry. Below this, the main heading is 'CASE REPORT ENTRY USER SUMMARY'. A filter bar includes 'LAST UPDATED DATE RANGE' with 'Start Date' (07/29/2021) and 'End Date' (07/29/2021) fields, and a 'Retrieve Data' button. Below the filter bar, it says 'SHOWING 1 ITEMS' with an 'APPLY FILTER' button. A table displays one entry with columns: ACTIONS (View), REPORT TYPE (MDRO), AFFILIATION/OR GANIZATION (Test Medical Center), PATIENT MRN (CK08101955), FIRST NAME (Cosmo), LAST NAME (Kramer), DATE OF BIRTH (08/10/1955), PATIENT SEX (Male), STATUS (Complete), LAST UPDATED (07/29/2021 4:05 PM), and SUBMISSION DATE (07/29/2021 4:05 PM). At the bottom, there are pagination controls (First, Back, 1, Next, Last) and a 'Maximum 5 entries per page' dropdown.

1. To retrieve case reports for a specific date range within the last 6 months, enter the appropriate **Start Date** and **End Date**.

This screenshot is similar to the previous one but shows a calendar pop-up for the 'Start Date' field. The 'Start Date' is set to 07/26/2021 and the 'End Date' is 07/29/2021. The calendar shows 'July 2021' with dates from 27 to 31. The date 26 is highlighted in blue, indicating it is the selected start date. The table below shows the same entry as in the previous screenshot.

2. Click **Retrieve** to generate the case reports.

This screenshot shows the 'CASE REPORT ENTRY USER SUMMARY' interface after clicking the 'Retrieve Data' button. The 'Start Date' is now 07/27/2021 and the 'End Date' is 07/29/2021. The table below shows the same entry as in the previous screenshots.

**Please Note:** The **Start Date** must be within the last six months from the current date.

The following error message displays when Users search for a Start Date that occurred more than six months ago: *Please select a Start Date that is within the last six months from today's date.*

To proceed, you must enter a **Start Date** that occurred within the last six months.

**CASE REPORT ENTRY USER SUMMARY**

LAST UPDATED DATE RANGE
Start Date 
End Date 
[Retrieve Data](#)

Please select a Start Date that is within the last six months from today's date.

3. Click **Retrieve Data** to display the search results.
4. To search for a specific case report, click **Apply Filter**.

**CASE REPORT ENTRY USER SUMMARY**

LAST UPDATED DATE RANGE
Start Date 
End Date 
[Retrieve Data](#)

SHOWING 3 ITEMS [APPLY FILTER](#)

ACTIONS	REPORT TYPE	AFFILIATION/ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
<a href="#">View</a>	MDRO	Test Medical Center	CK08101955	Cosmo	Kramer	08/10/1955	Male	Complete	07/29/2021 4:05 PM	07/29/2021 4:05 PM
<a href="#">Continue</a>	Other Conditions	Test Medical Center	DM02151980	Daphne	Moon	02/15/1980	Female	In Progress	07/29/2021 11:27 AM	
<a href="#">View</a>	STD	Test Medical Center	SK05051960	Susan	Ross	05/05/1960	Female	Complete	07/28/2021 7:00 PM	07/28/2021 7:00 PM

[First](#) [Back](#) 1 [Next](#) [Last](#)
Maximum  entries per page

5. The Filter fields display. Search by entering the **Report Type, Affiliation/Organization, Patient MRN, First Name, Last Name, Date of Birth, Patient Sex, Status, Last Updated Date**, and/or **Submission Date** in the corresponding Filter fields.

**CASE REPORT ENTRY USER SUMMARY**

LAST UPDATED DATE RANGE
Start Date 
End Date 
[Retrieve Data](#)

SHOWING 3 ITEMS [HIDE FILTER](#)

ACTIONS	REPORT TYPE	AFFILIATION/ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
	<input type="text" value="Enter Report"/>	<input type="text" value="Enter Affiliatic"/>	<input type="text" value="Enter Patient"/>	<input type="text" value="Enter First Na"/>	<input type="text" value="Enter Last"/>	<input type="text" value="Enter Date Of Bir"/>	<input type="text" value="All"/>	<input type="text" value="Enter Statu"/>	<input type="text" value="All"/>	<input type="text" value="All"/>
<a href="#">View</a>	MDRO	Test Medical Center	CK08101955	Cosmo	Kramer	08/10/1955	Male	Complete	07/29/2021 4:05 PM	07/29/2021 4:05 PM
<a href="#">Continue</a>	Other Conditions	Test Medical Center	DM02151980	Daphne	Moon	02/15/1980	Female	In Progress	07/29/2021 11:27 AM	
<a href="#">View</a>	STD	Test Medical Center	SK05051960	Susan	Ross	05/05/1960	Female	Complete	07/28/2021 7:00 PM	07/28/2021 7:00 PM

[First](#) [Back](#) 1 [Next](#) [Last](#)
Maximum  entries per page

**Review Previously Submitted Case Reports**

6. To review a summary of a complete case report that has been previously submitted, click **View** located next to the appropriate case report.

CASE REPORT ENTRY USER SUMMARY										
LAST UPDATED DATE RANGE										
			Start Date	07/26/2021				End Date	07/29/2021	Retrieve Data
SHOWING 3 ITEMS										APPLY FILTER
ACTIONS	REPORT TYPE	AFFILIATION/ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
<b>View</b>	MDRO	Test Medical Center	CK08101955	Cosmo	Kramer	08/10/1955	Male	Complete	07/29/2021 4:05 PM	07/29/2021 4:05 PM
Continue	Other Conditions	Test Medical Center	DM02151980	Daphne	Moon	02/15/1980	Female	In Progress	07/29/2021 11:27 AM	
View	STD	Test Medical Center	SK05051960	Susan	Ross	05/05/1960	Female	Complete	07/28/2021 7:00 PM	07/28/2021 7:00 PM

Maximum 5 entries per page

7. The Case Report Details pop-up displays a summary of the previously submitted case report.

- Click **Print** to print the case report.
- Click **Download** to download a PDF version of the case report.

8. Click **OK** to close the pop-up.

Case Report Details

Print
Download

---

**Patient Information**

**MDRO Type**  
Candida auris, clinical

**Organism Name**  
Infection caused by Candida auris

**Date of Diagnosis**  
07/23/2021

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?  
No

<b>Patient ID (MRN)</b> CK08101955	<b>Affiliation/Organization</b> Test Medical Center
<b>Person Completing Form</b> Mr. Arthur Vandelay, II (arthur@email.com)	<b>Affiliation/Organization</b> Other
<b>Attending Physician/Clinician</b> Dr. Frank Costanza, Sr (frank@email.com)	<b>Affiliation/Organization</b> Test Medical Center
<b>First Name</b> Cosmo	<b>Middle Name</b> Newman
<b>Suffix</b> III	<b>Date of Birth</b> 08/10/1955
<b>Patient Sex</b>	<b>Ethnicity</b>
	<b>Race</b>

**Other, please specify:**  
Test Hospital

OK

### Continue In-Progress Case Reports

The **Save** feature allows Users to complete the case report in multiple sessions. That means you can start a case entry, save it, and then return later to complete it. You must save the information you've entered in order to return to the section where you left off.

- To continue working on a case report that is currently in-progress, click **Continue** located next to the appropriate case report.

ACTIONS	REPORT TYPE ^	AFFILIATION/OR GANIZATION ↕	PATIENT MRN ↕	FIRST NAME ↕	LAST NAME ↕	DATE OF BIRTH ↕	PATIENT SEX ↕	STATUS ↕	LAST UPDATED ↕	SUBMISSION DATE ↕
<a href="#">View</a>	MDRO	Test Medical Center	CK08101955	Cosmo	Kramer	08/10/1955	Male	Complete	07/29/2021 4:05 PM	07/29/2021 4:05 PM
<a href="#">Continue</a>	Other Conditions	Test Medical Center	DM02151980	Daphne	Moon	02/15/1980	Female	In Progress	07/29/2021 11:27 AM	
<a href="#">View</a>	STD	Test Medical Center	SK05051960	Susan	Ross	05/05/1960	Female	Complete	07/28/2021 7:00 PM	07/28/2021 7:00 PM

- Clicking **Continue** automatically navigates to the section of the case report where you left off.

OTHER REPORTABLE CONDITIONS CASE REPORT FORM Section 7 of 8

Please add any additional comments related to this case.

ADDITIONAL COMMENTS

- Patient Information ✔
- Laboratory Information ✔
- Applicable Symptoms ✔
- Additional Information ✔
- Hospitalization, ICU & Death Information ✔
- Vaccination History ✔
- Additional Comments
- Review & Submit 🔒

Additional comments or notes, please specify:

0/1000 Characters

## 17 Technical Support

### Toll-Free Telephone Support

For questions and assistance regarding the ePartnerViewer, please call 1 (877) 651-2505.

### Email Support

To submit questions electronically or request support regarding the ePartnerViewer, please email [KHIESupport@ky.gov](mailto:KHIESupport@ky.gov).

**Please Note:** To seek assistance or log issues, you can use the **Support Tab** located in the blue navigation bar at the top of the screen in the ePartnerViewer.

